

RECREATION DISTRICT # 1 FACILITY EVALUATION FORM

Date _____

PLEASE CIRCLE THE LOCATION OF THE PROBLEM

- | | | | |
|-----------------|----------|----------|----------|
| Gold Pavilion | Gold 1 | Gold 2 | |
| Orange Pavilion | Orange 1 | Orange 2 | Orange 3 |
| | Orange 4 | Orange 5 | |
| Grey Pavilion | Grey 2 | | |
| Yellow Pavilion | Yellow 1 | Yellow 2 | Yellow 3 |
| Purple Pavilion | Purple 1 | Purple 2 | Purple 3 |
| Silver Pavilion | Silver 1 | Silver 2 | Silver 3 |
| | Silver 4 | Silver 5 | |

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Problem and location of problem area on field or pavilion:

ACTION REQUIRED # _____

1. Immediately/ Safety Issue 2. Repair as soon as possible 3. Needs repair within 7 days

PLEASE FAX FORM TO PELICAN PARK AT 626-9028 OR DROP IN CASTINE CENTER'S DROP BOX THAT IS LOCATED NEXT TO THE CASTINE CENTER'S OFFICE DOOR

If you would like to be notified of the action taken on above problem please leave name and phone number.

NAME _____ PHONE # _____

OFFICE USE ONLY:

Date Received _____ By _____ Date Forwarded _____

Action Taken and by who _____

Park Staff Signature _____ Date _____

Contractor Contacted _____ Via - Phone Fax Certified Letter Mail

Final Resolution _____

Date _____ (Return to Kathy upon Completion)