



Risk Management
55 S. Lincoln
Stockton, CA 95203
Phone 209-933-7110

SERVICE REQUEST FORM

DATE OF REQUEST: _____

REQUESTORS NAME: _____

PHONE/EMAIL: _____

DISTRICT EMPLOYEE POSITION: _____

(IF APPLICABLE)

EMPLOYEES WORK SITE: _____

(IF APPLICABLE)

ITEMIZED REQUEST:

Risk Manager's Authorization

Date

Note: service requests are ready in 5-7 work days, if there is an urgency please state the urgency on the itemized request.