

COLORADO DEPARTMENT OF TRANSPORTATION FACILITIES MANAGEMENT WORK AUTHORIZATION	No.
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Requested by		Telephone #	
Work location	Room #	Date	AM PM
Main building			
		Garage	
Materials lab		Grounds	

Work requested	<hr/>
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Assigned to	Date started	Date completed
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Action taken	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Total hours
Branch/Unit name
COFRS organization code
Approved by

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