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## Kickapoo Tribal Health Center

### MAINTENANCE WORK ORDER

#### Contact Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Department: \_\_\_\_\_

Department Supervisor: \_\_\_\_\_

Work Request:

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Please Return To: KTHC Maintenance Department  
FAX: 405-964-3904  
E-Mail: jimmy.carter@ihs.gov