

# Request for Building Modification

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

School: \_\_\_\_\_

Location No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Priority No. Assigned: \_\_\_\_\_

Funding source: School <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate funding source: _____ (Funding source must be identified.)
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Project location (i.e., room number, office name):

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Describe the project in detail ( i.e., room size, etc):

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Principal's Signature \_\_\_\_\_

Date \_\_\_\_\_

Return to :  
 Judy Moutardier, Data Technician  
 Maintenance Scheduling/Quality Control  
 Building 9, C. B. Young, Jr., Service Center  
 Telephone: 485-3565 Fax: 485-6045

Investigate?  Yes  No  
 Approved  
 Denied

**Estimate (Maintenance use only)**

Provided by: \_\_\_\_\_

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

Estimated total cost \$ \_\_\_\_\_

Starting Date (approx.): \_\_\_\_\_

Completion Date (approx.) \_\_\_\_\_

Priority Assigned: \_\_\_\_\_

**Approval (School use only)**

Sent: \_\_\_\_\_

Account No.: \_\_\_\_\_

Principal's Signature \_\_\_\_\_

Date \_\_\_\_\_

**If project requires asbestos abatement, the school may be required to pay for the abatement.**