



CLINT INDEPENDENT SCHOOL DISTRICT DEPARTMENT OF

FACILITIES & CONSTRUCTION

Facility Modification or Renovation Form

Requestor:

Name: _____ Position: _____
Campus: _____ Date of request: _____

Describe the proposed modification or renovation:

Justify the proposal & provide budget allocated:

Approval at Campus Level:

Principal: _____ Date: _____

Facilities and Construction Services Department Only:

Date Received: _____

This request will impact the following department(s):

<input type="checkbox"/> Facilities & Construction	<input type="checkbox"/> Energy Management	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Safety	<input type="checkbox"/> Security	<input type="checkbox"/> Technology
<input type="checkbox"/> Transportation	<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Warehouse

Comments from the impacted department(s) (please sign and date):

This proposal was:

Approved (identify budget code) Not Approved (comments attached)

Signed: _____ Date: _____