

SCHOOL COMMENTS/RECOMMENDATIONS TO DISTRICT OFFICE:

(ONLY IF FACILITY/EQUIPMENT FEES TO BE DETERMINED BY DISTRICT OFFICE)
DISTRICT USE ONLY:

FACILITY/EQUIPMENT FEES: _____
(from 910-P2)

Superintendent Approval

Date

ASSIGNED CUSTODIAN: _____ CONTACT #: _____

ASSIGNED FOOD SERVICE: _____ CONTACT #: _____

ASSIGNED I.T. TECH: _____ CONTACT #: _____

ASSIGNED AUDITORIUM TECH: _____ CONTACT #: _____

Developed: 6/8/2010 – Revised 6/27/11

Revised: 12/10/12

Revised: 3/9/2015

REVISED: 02/08/2016

REVISED: 04/13/2017