



PROJECT REQUEST FORM

Person Submitting the Request _____ Date of Request _____

School or Area _____ Room # _____

Details of project

Is there a possibility of disturbing asbestos products? Yes ☐ No ☐ Unknown ☐

Is there a possibility of disturbing lead paint? Yes ☐ No ☐ Unknown ☐

What departments will project affect?

_____	_____
_____	_____
_____	_____

What impact will this cause on other departments?

Have other departments been notified? Yes ☐ No ☐

Time Lines _____

Anticipated and/or estimated costs, including any volunteer portions in case volunteers fail to perform

_____	\$ _____	Funding Source	_____
_____	\$ _____		_____
_____	\$ _____		_____
_____	\$ _____		_____

Signature of building principal
