

ATLANTA PUBLIC SCHOOLS
Facilities Services Department
Facilities Improvement Request (FIR) Form

Request Date: _____ Principal: _____ print / sign
Requesting School/Dept: _____ Department Head: _____ print / sign
Contact Person: _____ Associate Superintendent: _____ print / sign
Phone Number: _____ Sr. Cabinet Approval: _____ print / sign

SITE IMPROVEMENT / CONSTRUCTION / RENOVATION / MODIFICATION

Description of Request: _____

Drawings attached? Yes _____ No _____

SPACE RE-ALLOCATION

Type of Space: classroom office storage other (list) _____

Space Vacated: Building/Area _____ **New Assignment:** Building/Area _____
Room _____ Room _____

Description of Request: _____

Will This Request Require: _____ Yes / No

- | | |
|--|-------|
| 1. Additional space | _____ |
| 2. Additional telephone / computer equipment or wiring | _____ |
| 3. Moving furniture and equipment | _____ |
| 4. Purchase of new furniture or equipment | _____ |
| 5. Installation of new hardware / re-keying hardware | _____ |
| 6. Installation of new signage | _____ |
| 7. Move or purchase AV equipment | _____ |
| 8. Additional security | _____ |
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Source of Funds: _____ **Account Number:** _____ **Budget Approval:** _____

Estimated Cost: _____ (Verify all components are accounted for moving, construction, support, etc. Facilities Services can assist with this effort once the request is approved.)

Please complete this form providing as much information as possible and obtain the indicated signatures and submit the request via email to FIR@aprk12.org

Executive Director of Capital Improvements Date

Senior Executive Director of Date
Facilities Services