

ATLANTA PUBLIC SCHOOLS
Facilities Services Department
Capital Improvement and/or Space Re-Allocation Request

Request Date: _____ Principal/Department Head: _____
 Requesting School/Dept: _____ Principal/Department Approval: _____ sign
 Contact Person: _____ ED/Cabinet/Sr. Cabinet: _____
 Phone Number: _____ ED/Cabinet/Sr. Cabinet Approval: _____ sign
 Curriculum & Instruction : _____
 Curriculum & Instruction Approval: _____ sign

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:

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.)

Priority: high medium low

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 | _____ |
-

Please complete this form providing as much information as possible obtain the indicated signatures and submit the request to Facilities Services

 Director of Capital Improvements date

 Executive Director of Facilities Services date