



*Together... We Build Tomorrow!*

CLINT INDEPENDENT SCHOOL DISTRICT  
Facilities and Construction Services

**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: \_\_\_\_\_