

SANBORN REGIONAL SCHOOL DISTRICT  
FACILITY ALTERATION REQUEST

School: \_\_\_\_\_

Requested By: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Project Cost: \$ \_\_\_\_\_ Project Date: \_\_\_\_\_

Funding Source: \_\_\_\_\_

Type of Alteration: Permanent \_\_\_\_\_ Temporary \_\_\_\_\_

PROJECT DESCRIPTION

-----  
**Approved by:**

Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Facilities Director: \_\_\_\_\_ Date: \_\_\_\_\_

Business Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

\*Facilities Committee: \_\_\_\_\_ Date: \_\_\_\_\_

\*(Required if cost of project over \$2,500)