

## REQUEST FOR HEATING/COOLING

SCHOOL \_\_\_\_\_

TO: Assistant Superintendent for Support Services (241-7468)

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

DAY AND DATE HEAT OR AIR NEEDED \_\_\_\_\_

\_\_\_\_\_

TIME HEAT OR AIR NEEDED **START** \_\_\_\_\_ **END** \_\_\_\_\_

AIR/HEAT NEEDED WHERE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Principal's Approval*

\_\_\_\_\_  
*Assistant Superintendent's Approval*

**ANY TIME THAT YOUR HEAT OR AIR IS NOT WORKING PROPERLY, PLEASE PAGE EMS AT 208-8888.**

Central Office Use Only

Faxed to EMS on: \_\_\_\_\_

Faxed by: \_\_\_\_\_