



PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS  
Upper Marlboro, MD 20772

Maintenance Dept. Use Only
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**REQUEST FOR FACILITY ALTERATIONS**

REQUESTOR NOTE: Use this form to request an alteration or improvement, generally defined as, "a modification or addition to an existing facility so that it will serve an expanded or different function or its present function more effectively" ... Examples are the addition of lighting, electrical outlets, chalk boards, built-in cabinets and shelves, bulletin boards, lockers, changes in partitions, doors, windows, and the remodeling of entire classrooms and laboratories. DO NOT USE THIS FORM TO REQUEST REPLACEMENT OR REPAIR OF FURNITURE OR EQUIPMENT.

**Part 1 – REQUESTOR DATA**

From: \_\_\_\_\_  
Name of School

To: Department of Plant Maintenance

Description of Project: (Describe one project in the space below. Attach detailed sketches, diagrams, and continued description where clarity will result.)

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Justification of Project: (State why the project is needed and benefits which will result.)

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\_\_\_\_\_ Date \_\_\_\_\_ Signature of Principal \_\_\_\_\_

**Part II – MAINTENANCE DEPARTMENT RECOMMENDATION**

Recommended Approval  
Original Cost Estimate \_\_\_\_\_  
Alternate Cost Estimate \_\_\_\_\_

Not recommended for the following reasons  
 Alternate recommended.  See attached.  
\_\_\_\_\_

Contract  
 In-House \_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Plant Maintenance

**Part III – AREA ASSISTANT SUPERINTENDENT'S DISPOSITION**

Original Request	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Alternate	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved

To: Assistant Superintendent for Supporting Services

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Area Assistant Superintendent \_\_\_\_\_

**Part IV – NOTIFICATION OF PROJECT DISPOSITION**

To: Principal \_\_\_\_\_  
Name of School

VIA: Area Assistant Superintendent  North  South

The above described project is  Approved  Not Approved for the following reasons: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Assistant Superintendent for Supporting Services