AIR CONDITIONING REQUEST FORM
for
SUMMER SCHOOL SCHEDULE

Please use this form to request the air conditioning in your school to be on for summer school classes. If your school does not have summer school this year, you **DO NOT** need to fill out this form. After filling the form out, please fax it to the Maintenance Center at 851-5624.

School Name:		**Date of Submittal**	
Person to contact for additional information:			

Classroom Number	**Class Time**		**Days of the Week**	**Class Duration**		**Notes**
	Start	**Stop**		**From**	**To**	
	(time-am/pm)	**(time-am/pm)**	**(enter M-T-W-Th-F for each day)**	**(day/month)**	**(day/month)**	

Use the continuation page below for additional rooms. Page 1 of _____

SUMMER SCHOOL AIR CONDITIONING REQUEST
ADDITIONAL ROOMS SHEET

School Name:					Date of Submittal	
Classroom Number	Class Time		Days of the Week	Class Duration		Notes
	Start	Stop		From	To	
	(time-am/pm)	(time-am/pm)	(enter M-T-W-Th-F for each day)	(mo/dy)	(mo/dy)	

Use additional continuation pages as needed.

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SUMMER SCHOOL AIR CONDITIONING REQUEST
ADDITIONAL ROOMS SHEET

School Name:					Date of Submittal	
Classroom Number	Class Time		Days of the Week	Class Duration		Notes
	Start	Stop		From	To	
	(time-am/pm)	(time-am/pm)	(enter M-T-W-Th-F for each day)	(mo/dy)	(mo/dy)	

Use additional continuation pages as needed.

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SUMMER SCHOOL AIR CONDITIONING REQUEST
ADDITIONAL ROOMS SHEET

School Name:					Date of Submittal	
Classroom Number	Class Time		Days of the Week	Class Duration		Notes
	Start	Stop		From	To	
	(time-am/pm)	(time-am/pm)	(enter M-T-W-Th-F for each day)	(mo/dy)	(mo/dy)	

Use additional continuation pages as needed.

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