

RIALTO UNIFIED SCHOOL DISTRICT

625 W. Rialto Avenue • Rialto, CA 92376 •

Office (909) 820-7863 • Fax (909) 874-9104

PROJECT REQUEST FORM

SITE / SCHOOL SITE	DATE OF REQUEST
SITE ADMINISTRATOR / PROGRAM AGENT	CONTACT PHONE NO.

SECTION I: PROJECT DETAILS (To be completed by site/school)

PROJECT TITLE / NAME
DESCRIBE PROPOSED PROJECT OR .7 ((B6EFC2/7)-1R)-14.4 (O)7.1 BBco 17.76 330.1[59560.R
ATTACHMENTS: <input type="checkbox"/> SITE MAP/PLANS <input type="checkbox"/> PHOTOS <input type="checkbox"/> VENDOR CATALOG SHEETS <input type="checkbox"/> DETAILED WRITTEN DESCRIPTION <input type="checkbox"/> OTHER
How is the area currently being used?
Do improvements include new furniture or equipment or modifications to existing furniture?
Will any for the following be needed: electrical, data, alarms, cameras, HVAC?
Will the project include changing ceilings, doors, floors or walls?
Who will the improvements benefit?
Will there be any maintenance cost associated with the improvement?
Who will be responsible for maintaining or upkeep?
REASON FOR PROJECT <input type="checkbox"/> ADA ACCOMMODATION <input type="checkbox"/> CORRECTION TO SAFETY DEFICIENCY <input type="checkbox"/> SITE IMPROVEMENT <input type="checkbox"/> OTHER (DESCRIBE) <input type="checkbox"/> CHANGE IN SPACE TYPE <input type="checkbox"/> CHANGE IN SPACE USE <input type="checkbox"/> RECONFIGURE EXISTING SPACE <input type="checkbox"/> NO IMPACT ON SPACE
INDICATE ANY SCHEDULING CONCERNS

DESIRED COMPLETION DATE

WORK ORDER NU CO24 (O)7.1 (N6/RH585)2.869.5108PFE T 1.4 (5.8 (OO7.16L)9.N6)2.1DE N6 O21 (O)7.1 (N6/RH585)2J 0

DISTRICT / SUPPORT PROVIDER

SIGNATURE	PRINTED NAME
TITLE	DATE

BUSINESS SERVICES

SIGNATURE	PRINTED NAME
TITLE	DATE

M & O AGENT

SIGNATURE	PRINTED NAME
TITLE	DATE

FACILITIES PLANNING (if needed)

SIGNATURE	PRINTED NAME
TITLE	DATE

SECTION III: ESTIMATE DETAILS (To be completed by M&O)

ESTIMATE AMOUNT



