

SCHOOL DISTRICT OF PHILADELPHIA

BUILDING IMPROVEMENT REQUEST FORM

Please Print

School Name: _____

Academic Office: _____

Loc #: _____

Principal Name: _____

Date: _____

Improvement Requested

Briefly explain the Improvement Requested:

List Name(s) of Department(s) affected by this improvement (i.e. Food Service, Childcare, Special Education etc.)

List Specific Area / Room for Requested Improvement:

Note: this request will not be processed without the below information

School ABC Code: _____

Principal Signature: _____

Date: _____

FAC Signature: _____

Date: _____

Regional Superintendent: _____

Date: _____

**For Facilities Use Only
Do Not Write Below This Line**

Project Funding Source: _____

ABC Code: _____

Authorized By: _____

Date: _____

Estimated Cost of: _____

Database Entry Date: _____

Project Disposition: _____
