

BRAZOS INDEPENDENT SCHOOL DISTRICT

REQUEST FORM FOR AC AT BHS/BMS/BES

(PLEASE PRINT)

Date Needed: _____

Campus: _____

Time to turn AC on: FROM _____ (AM OR PM)

TO _____ (AM OR PM)

Please Check AM or PM)

PLEASE CHECK ONE:

ROOM # _____

COMMONS

GYM

SIGNATURE OF PERSON REQUESTING AC

DATE FORM FILLED OUT

RETURN AC REQUESTS TO
Bradley Reinecker, Director of Maintenance/Transportation

AC REQUESTS MUST BE MADE AT LEAST 3 DAYS PRIOR TO SCHEDULED EVENT.

One request per form