Personal Appliance Request

As you are aware, personal appliances are not allowed in the District. We understand that some circumstances exist which render these appliances necessary. If you have a circumstance, such as a medical need for you or a student, and need an appliance in your classroom or area, please fill out this form and have it approved by your building administrator. The form will then be forwarded to the Energy Savings Manager so that the approval can be recorded.

Unless otherwise noted, the approval is valid only for the school year in which it was approved.

Personal Appliance Request Form

(Please fill out a separate form for each requested appliance)

Name: _____

Building/Room: _____

Email address: _____

Appliance Information (Please fill in as much information as possible)

Type of Appliance: _____

Approximate age of Appliance: _____

Make/Model: _____

Please describe below the reason(s) you need this appliance

_____

_____

_____

_____

_____

_____

Requested Time Frame

Beginning Date: _____ Ending Date: _____

Approval

_____

Building Administrator _____ Date of Approval: _____

Upon approval, please forward a copy of this form to the Energy Savings Manager.