

RIALTO UNIFIED SCHOOL DISTRICT

625 W. Rialto Avenue • Rialto, CA 92376 •

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



SITE REQUEST FORM

SITE / SCHOOL FACILITY	DATE OF REQUEST	
SITE ADMINISTRATOR / PROGRAM DIRECTOR	CONTACT PHONE NO.	
SECTION I: PROJECT DETAILS (To be completed by site/school)		
PROJECT TITLE / NAME		
DESCRIBE PROPOSED PROJECT OR IMPROVEMENT		
ATTACHMENTS: D SITE MAP/PLANS D PHOTOS D VENDOR CATALOG SHEETS D DETAILED WRITTEN DESCRIPTION D OTHER		
REASON FOR PROJECT		
D ADA ACCOMMODATION D CORRECTION TO SAFETY DEFICIENCY D FACILITY IMPROVEMENT D OTHER (DESCRIBE)		
DESIRED PROJECT START DATE	DESIRED COMPLETION DATE	
INDICATE ANY SCHEDULING CONCERNS		
WORK ORDER NUMBER	REQUISITION NUMBER	
SECTION II: PROJECT SCOPE APPROVAL (To be completed before an estimate is obtained)		
SITE / DEPARTMENT ADMINISTRATOR		
SIGNATURE	PRINTED NAME	
TITLE	DATE	
DISTRICT / DEPARTMENT ADMINISTRATOR		
SIGNATURE	PRINTED NAME	
TITLE	DATE	
M & O DIRECTOR		
SIGNATURE	PRINTED NAME	
TITLE	DATE	

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FACILITIES PLANNING (if needed)		
SIGNATURE	PRINTED NAME	
TITLE	DATE	
SECTION III: ESTIMATE DETAILS (To be completed by Facilities Planning/M&O)		
ESTIMATE AMOUNT	M & O SUPERVISOR / FOREMAN	
SOURCE OF ESTIMATE (VENDOR / CONTRACTOR)		
NOTES		
SECTION IV: NOTICE TO PROCEED WITH PROJECT		
FUNDING SOURCE(S) FOR PROJECT	ARE FUNDS AVAILABLE NOW?	
FUNDING SOURCE(S) FOR PROJECT	D YES D NO	
	ARE FUNDS AVAILABLE NOW?	
	DYES DNO	
	ARE FUNDS AVAILABLE NOW?	
	DYES DNO	
FUNDING ACCOUNT NO.	BUDGET LIMIT	
BUSINESS SERVICES	,	
SIGNATURE	PRINTED NAME	
TITLE	DATE	
SECTION V: CONDITIONS		
CONDITIONS OF APPROVAL OR REASON(S) FOR DENIAL:		

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