



PROJECT REQUEST FORM

Date Submitted: _____

Project Coordinator/POC: _____

Scope of Project: (detailed plans & research; please include attachments if applicable)

Purpose of Project:

Needs: (inspections, permits, excavation, contractor, vendor, etc.)

Timeline: _____

Total Cost: _____

Funding/Budget: _____

Principal Signature: _____ Date: _____

Routing: Return completed form through District mail or email to Shae Emery, Maintenance Manager - semery@steilacoom.k12.wa.us

Please allow at least two weeks for response.
Projects may not begin until approval is received.