RESET

Dougherty County School System Energy Management **Request for HVAC**	
Building:	**Date of Request:**
Date of Activity for HVAC Use:	**Location of Activity:** (rm., auditorium, etc.)
Start Time:	**End Time:**
Type of Activity:	

Requestor 's Signature:	**Title:**
Principal's/Director's Signature:	**Date:**

*****REQUESTS FOR HVAC SHOULD BE SUBMITTED 2 WEEKS IN ADVANCE*****

Approved by Energy Manager:

Yes ____ **No** _____

Date Approved: _____