

**AIR CONDITION REQUEST FORM**  
**WESLACO INDEPENDENT SCHOOL DISTRICT**  
**Energy Management Office**  
 Ph. (956) 969-6515 • Email: acrequest@wisd.us

**Date:** \_\_\_\_\_

**Campus:** \_\_\_\_\_

**Areas(s) Needed:**

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

**Date (s) Needed:** \_\_\_\_\_

**Time Needed:**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Function:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Requested by:** \_\_\_\_\_

**PRINCIPAL SIGNATURE:** \_\_\_\_\_

**PLEASE EMAIL TO ENERGY MANAGEMENT OFFICE AT ACREQUEST@WISD.US IF ANY CONCERNS  
 PLEASE CALL EXT. 6515 PLEASE GIVE A TWO (2) TO FIVE (5) DAY NOTICE FOR ANY REQUEST.**

FOR OFFICE USE ONLY		SCHEDULE SET	
<b>APPRVD</b>  N <input type="checkbox"/> Y <input type="checkbox"/>	Signature _____ Date: _____  Implemented by: _____ Date: _____	PERM <input type="checkbox"/> RESET <input type="checkbox"/>	TEMP <input type="checkbox"/> NORM <input type="checkbox"/>