AIR CONDITION REQUEST FORM

WESLACO INDEPENDENT SCHOOL DISTRICT

Energy Management Office

Ph. (956) 969-6515 • Fax (956) 969-6868

Date: _____

Campus: Mary Hoge Middle School

Areas(s) Needed:

1. _____
2. _____
3. _____

Date(s) Needed: _____

Time Needed: ***** *Plan for AC to be turned on 1 hour prior to event start time.* *****

Start Time: _____

Function: _____

Requested by: _____

PRINCIPAL SIGNATURE: _____

PLEASE GIVE A THREE (3) TO FIVE (5) DAY NOTICE FOR ANY REQUEST.
(EMAIL THIS FORM TO Ms. Annabel Mireles)

FOR ENERGY MANAGEMENT OFFICE USE ONLY

SCHEDULE SET

APPROVED PERM TEMP N Y Signature _____ Date: _____ RESET NORM

Implemented by: _____ Date: _____