

# Facilities Modification Request



Modification of the facilities includes any activity that changes the function or appearance of the church building or it's properties. Please complete this form and return it to any Trustee at least 4 weeks prior to the requested start any modifications.

Today's Date: \_\_\_\_\_ Date Requested Modifications Would Start: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of modification requested: (Use back of form if more space in needed. Attach drawings and any supporting information.)

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Describe the benefit of making this modification: (Use back of form if more space is needed)

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Projected cost of the modification: \_\_\_\_\_

How will this modification be funded? \_\_\_\_\_

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**Trustees Use Only**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_  Approved  Not Approved (Note reason(s) below)

Date Requester Notified: \_\_\_\_\_ Notified By: \_\_\_\_\_

Notes:

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(Continue On Back If Necessary)