APPLIANCE AUTHORIZATION FORM

Date: ________________

Name of Requesting Party: ____________________________ School/Location: ____________________________

**Work Location**
- Classroom: ____________________________
- Cube/Office: ____________________________
- Lounge/Break Room: ____________________________

Phone: ____________________________ Email: ____________________________

Director/Department Head: ____________________________

Phone: ____________________________ Email: ____________________________

**Appliance Description**

Appliance Type (i.e., refrigerator, etc): ____________________________

Manufacturer: ____________________________ Model Number: ____________________________

Serial Number: ____________________________

Stated Wattage: ____________________________ UL Approved: Yes____ No____

Capacity or Cubic Feet: ____________________________

**Location of Appliance**
- Classroom: ____________________________
- Cube/Office: ____________________________
- Lounge/Break Room: ____________________________

I request that the above appliance be approved for use at the location stated above. I agree that I will abide by all building rules, regulations, and School System policies with regard to the use of this appliance.

Requesting Party Signature ____________________________ Director/Department Head Approval ____________________________

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**Maintenance Department (Use Only)**

Building Inspector Signature ____________________________ Date: ____________ Approved: Yes___ No___

Electrician Signature ____________________________ Date: ____________ Approved: Yes___ No___

Director of Facilities, Maintenance, & Operations Signature ____________________________ Date: ____________ Approved: Yes___ No___

Garrett County Public Schools, Maintenance Department, 770 Dennett Road, Oakland, Maryland 21550
P: 301-334-7650  F: 301-334-8062
Email: cassie.marsh@garrettcountyschools.org