



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Request for Document Approval by Legal Services

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DIRECTIONS: Allow two weeks for review and approval. **DO NOT** use "ASAP" for a required date. A specific due date is required. Your document may be returned for failure to complete the information below.

Date Submitted 04 / 24 / 06 Number of Copies Submitted 01

Name of Document Statement of Work, School Technology Survey

School/Department Submitting Department of Assessment

Contact Person Janie Peters Telephone (561) 434 - 8664 PX 48664

Date Required 05 / 02 / 06 (DO NOT use "ASAP" - a specific date is required)

Is this a continuation/duplication of prior document? Yes No

If any changes, are they marked? _____

Is substance of document acceptable to your Assistant Superintendent or Director? Yes No

Are permits required? Yes No

Have required permits been obtained? Yes No N/A

Do you wish to pick up document? Yes No Pony? Yes No

Comments:

RECEIVED

APR 24 2006

BY LEGAL SERVICES

Janie O. Peters
 SIGNATURE OF DEPARTMENT HEAD OR AREA EXECUTIVE

04-24-06
 DATE

Attorney Assigned *Blair*

Date of completion by Attorney 4, 26, 06