



CHANGE REQUEST (TRAC-R) FORM

A completed form should be e-mailed to AviationCapitalPrograms@talgov.com

Questions can be directed to Heather Weigel at heather.weigel@talgov.com

Tenant/Business Name:		
Manager/ Contact:		
Project Location:		
Project Funded by:		
Date Submitted:	Phone:	E-mail:
Will work/project be completed by tenant staff? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please include the following)		
Contractor/Vendor: _____		
Phone () _____ - _____ Fax () _____ - _____		
Description of work to be performed: (Use additional pages as necessary to include drawings, plans, specifications, photos or other pertinent information which fully describes the work to be done.)		
All modifications are subject to compliance with Tallahassee International Airport Rules and Regulations (Section 3.2 Building Construction) and the Minimum Standards regarding insurance (Section 2.4). No changes to a tenant's facility or location may be made without the express permission and approval of the Director of Aviation.		
FOR AIRPORT USE ONLY		
Date Request received: ____/____/____		TRAC-R # _____
Reviewed by:		
<input type="checkbox"/> Capital Programs	<input type="checkbox"/> Facilities Management	<input type="checkbox"/> Finance & Administration
<input type="checkbox"/> Commercial Development	<input type="checkbox"/> Airport Operations	
FINAL DETERMINATION FOR REQUEST:		
_____ Approved as Requested	_____ Approved as Noted	_____ Not Approved
Approved by:		
Deputy Director of Aviation	Initials _____	Comments _____
Director of Aviation	Initials _____	Comments _____
Date Final Determination Issued: ____/____/____		