



# CHANGE REQUEST (TRAC-R) FORM

A completed form should be e-mailed to [AviationCapitalPrograms@talgov.com](mailto:AviationCapitalPrograms@talgov.com)

Questions can be directed to Heather Nelson at [Heather.Nelson@talgov.com](mailto:Heather.Nelson@talgov.com)

<b>Tenant/Business Name:</b>			
<b>Manager/ Contact:</b>			
<b>Project Location:</b>			
<b>Project Funded by:</b>			
<b>Date Submitted:</b>		<b>Phone:</b>	<b>E-mail:</b>
<b>Will work/project be completed by tenant staff? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please include the following)</b>			
<b>Contractor/Vendor:</b> _____			
<b>Phone ( )</b> _____ <b>-</b> _____ <b>Fax ( )</b> _____ <b>-</b> _____			
<b>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.)</b>			
<b>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.</b>			
<b>FOR AIRPORT USE ONLY</b>			
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		
<b>FINAL DETERMINATION FOR REQUEST:</b>			
_____ 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: ____/____/____			