



PORTABLE CLASSROOM INFORMATION SHEET

LOT #: _____

BUILDING #: _____

YEAR MFG.: _____

SINGLE OR DOUBLE: _____

APPROX. SIZE: _____

RESTROOM(S): YES, IF YES HOW MANY: _____ OR NO

CLASSROOM(S): YES, IF YES HOW MANY: _____ OR NO

TYPE OF SIDING: _____

TYPE OF ROOF: _____

SKID: YES, IF YES WHAT TYPE: _____ OR NO

A/C UNIT(S): YES, IF YES HOW MANY: _____ OR NO

EXTERIOR CONDITION/PROBLEMS:

INTERIOR CONDITION/PROBLEMS:

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