**School District/ESD:** Lake ESD  
**County:** LAKE  
**Contact Name:** Jack Thompson  
**Contact Email:** jthompson@lakeesd.k12.or.us

### Structures Replaced?
**No**

- **Name and Address:** NA
- **Kind of Structure:** NA
- **Type of Replacement:** NA
- **Max Occupancy:** NA
- **Date Occupied:** NA

### Structures Modified?
**No**

- **Name and Address:** NA
- **Kind of Structure:** NA
- **Type of Modification:** NA
- **Date Re-occupied:** NA

**Optional:**

- **Engineering Report?** No  
  *If yes, attachments are appended to this report.*
- **Cost of Rehab:** NA
- **Method of Funding:** NA

**Notes:**

**Submission Date:** 08/08/18