



Request for Legal Assistance
DCSD Office of Legal Affairs
ATTORNEY – CLIENT COMMUNICATION

DATE RECEIVED: _____

MATTER ASSIGNED TO: _____

PLEASE SUBMIT COMPLETED REQUEST FORM TO
DCSD OFFICE OF LEGAL AFFAIRS.

*** This request is a confidential communication and should be treated as such ***

DESCRIPTION OF REQUEST

Title of Item/Topic:

Lakeside HS Lighting Donation of \$750,000 for Baseball and Softball Fields

(e.g., contract review, policy matter, etc.)

Date of request: 05/01/26 Due Date: 05/06/26 (Allow 3 to 5 business days)

Background information/Detail: \$750,000 Donation from Dr. Peter Lollar to fund
lighting projects at Lakeside HS's Baseball and Softball fields

PROCUREMENT DETAILS (if applicable)

Include details confirming that all applicable DCSD procurement policies and requirements have been
adhered to: _____

SUPPORTING DOCUMENTATION

Please attach/include any additional supporting documentation that are relevant to your request.

Description of supporting documentation, if any Donation intent email

REQUIRED AUTHORIZATION

Requested by: Donald Porter

Email: Libritta_Anderson@dekalbschoolsga.org

Telephone: 678-481-4110

Department: Grants and Partnerships

Cabinet Member authorizing the request: _____

LEGAL APPROVAL

Approved as to form by the DCSD Office of Legal Affairs? ☒ Yes ☐ No
-OR- (check one only)

Approved as to form by Outside Legal Counsel? ☐ Yes ☐ No

*Referrals to Outside Legal Counsel must be coordinated and approved by the DCSD Legal Dept.

Approving Attorney (and law firm if Outside Counsel) _____

Comments: _____