Request for Facilities Services

Requestor Information

Name: ____________________________ Phone: ____________________________
E-mail: ____________________________ Date submitted: ____________________________
Office building/location: ____________________________ Campus: ____________________________

Services Requested

Date required: ____________________________
Special conditions: __________________________________________________________

Location for Requested Service:

Campus: ____________________________ Building: ____________________________ Room: ____________________________

Requests (check one or more):

☐ Furniture
☐ Room renovation or remodel
☐ Roofing
☐ Utility services (elect, water, plumbing)
☐ New building or facility
☐ Parking lot/sidewalk/foundation
☐ Utilities system
☐ Acquisition of specialized equipment
☐ Other (describe below)

Description of work requested (attach additional information as necessary):


Funding

Description of project funding source *(attach additional information as necessary)*

Approvals

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Originator:</td>
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<td>Campus Admin Dean:</td>
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<td>(If applicable)</td>
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<td>SLT Member:</td>
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Facilities Services use only

Date Received by Facilities Services: ___________________________

Project Number: ___________________________

Project Assignment: ___________________________

Name: ___________________________ Date: ___________________________

PLEASE FORWARD TO:
DIRECTOR OF PROJECT SERVICES
FACILITIES AND CONSTRUCTION
Bill Dowell
DISTRICT OFFICE