

Request for Facilities Services

RFS #	
Project Manager	
Date Received	
SLT Approval Date	

Requestor Information

Name: _____ Phone: _____

E-mail: _____ Date submitted: _____

Office building/location: _____ Campus: _____

Services Requested

Date required: _____ (NOTE: Consult with Facilities Services for an estimated completion date.)

Special conditions: _____

Location for Requested Service:

Campus: _____ Building: _____ Room: _____

Requests (check all applicable):

- Room renovation or remodel
- Furniture
- Utility Services (electric, water, plumbing)
- Parking lot/sidewalk/foundation repair
- Specialized equipment
- Other (please describe)

Description & Justification of Work Requested (attach additional documents as necessary):

FUNDING

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

Approvals

	Print Name	Signature	Date
Originator:	_____	_____	_____
Administrative Dean	_____	_____	_____
SLT Member	_____	_____	_____

Please use this template and email your request to:

maintenance.request@sjcd.edu