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

Name       Date

Originator: ___________________________   ____________________

Admin. Services: ___________________________   ____________________

Campus President: ___________________________   ____________________

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