

PHYSICAL PLANT WORK REQUEST

REQUESTER TO COMPLETE SECTION A & MAIL / FAX / OR EMAIL* TO PHYSICAL PLANT

A. **TO BE COMPLETED BY REQUESTER**

NAME: _____ SIGNATURE: _____
DEPARTMENT: _____ DATE: _____
BLDG: _____ FLOOR: _____ PHONE: _____
DEPARTMENT HEAD/DEAN APPROVAL SIGNATURE: _____
CONTACT PERSON: NAME _____ PHONE: _____

LOCATION OF WORK (Building, Floor, Room, Area)

BRIEF DESCRIPTION OF WORK:

SETUPS: PLEASE ATTACH SKETCH/DRAWING SHOWING SPECIAL LAYOUT ARRANGEMENTS.
CONFIRM SPACE HAS BEEN RESERVED THROUGH FACILITIES COORDINATOR AT 737-1593.
TEN (10) WORKING DAYS REQUIRED ON ALL WORK REQUEST / SETUP.

NAME OF EVENT: _____; DATE _____; TIME _____
REQUIRED SET UP TIME: _____

B. **TO BE COMPLETED BY PHYSICAL PLANT**

REQUEST NO. _____

ASSIGNED TO: _____, _____

COMMENTS:

APPROVED BY: _____ DATE: _____

AFTER ASSIGNMENT, COPIES TO:

REQUESTOR – 1 EACH
SHOP SUPERVISOR(S) – 1 EACH
OFFICE FILE – 1 EACH

Revised 03/05
Physical Plant

*If you use Campus Pipeline or other web-based email, you cannot submit electronically.