Directions: This form should only be used when the requester is not moving any walls but require new room finishes. This form should be attached to the service request for further clarity, if needed.

To: Construction & Planning

Department Name:____________________________________________
Requestor Name:_____________________________________________

NAME OF SPACE: OCCUPANTS: TOTAL RMS REQUESTED:

FUNCTION:

This area will be

RELATIONSHIP TO OTHER SPACES:

This area is to be located adjacent to the

FINISHES REQUESTED:

☐ Carpet ☐ Floor Tile ☐ Room Modifications
☐ Painting ☐ Cove Base ☐ Utility Modification
☐ Wallpaper ☐ Ceiling Tile ☐ Other:___________

SPECIAL REQUIREMENTS:

Provide the following:

DESIGN FOR THE FOLLOWING OWNER PROVIDED:

Moveable Furnishings: Moveable Equipment: To: From:
☐ Yes ☐ Yes ____________ ____________
☐ No ☐ No

For Construction & Planning Office Use

cc: ☐ Building & Grounds for: ☐ Response ☐ Pricing ☐ Notification
☐ Campus Utilities for: ☐ Response ☐ Pricing ☐ Notification
☐ Space Allocation ☐ Response ☐ Pricing ☐ Notification
☐ Enviro. Health & Safety ☐ Response ☐ Pricing ☐ Notification
Use this side for each room change. Make additional copies as needed.

Room No.: _________  Current Room Name: __________________________________________

New Function:  
- □ Office  
- □ Student Office  
- □ Laboratory  
- □ Reception Area  
- □ Classroom  
- □ Deans/Director Office  
- □ Cubicles  
- □ Work Room  
- □ Other: __________________________________________

Work to be done:
__________________________________________________________
__________________________________________________________
__________________________________________________________

Furnishing to be moved:
__________________________________________________________
__________________________________________________________
__________________________________________________________

Equipment to be moved:
__________________________________________________________
__________________________________________________________
__________________________________________________________