

In an effort to maintain accurate facilities information, it is required that you complete this form pertaining to changes in space. You can also attach any supplemental documents to this form.

## **REQUESTOR INFORMATION**

Namo	
iname:	

Department/College/Division:

Contact Phone Number:

Office Location/Building/Room#:

Signature and Date:

## CHECK ALL THAT APPLY

An area is undergoing, scheduled for, or has had renovations completed

Rooms need numbers assigned or new signage ordered.

Change in department number, department name, or department occupancy

Change in departmental facilities contact person

Room(s) has changed in type or usage.

You would like copies of floor plans.

You notice a discrepancy in the floor plans.

Space requires a lock or key change.

You have a need for any facilities-related reports.

## UPDATE INFORMATION

Building #/Name:

Room #(s) or Area:

Please provide a detailed description of any changes:

We thank you for taking the time to complete this form in order to keep our records current.

## IF YOU NEED ANY ASSISTANCE, PLEASE CONTACT OUR OFFICE:

Floor Plans – Chad Thome Ext 3-4031 Space Information or General Questions – Camille Porter Ext 3-1337 or Dawn Taylor Ext 3-5214