



# PROJECT REQUEST FORM

Date: \_\_\_\_\_

Requested by: \_\_\_\_\_ Department: \_\_\_\_\_

Phone Extension: \_\_\_\_\_ Cost Center: \_\_\_\_\_

## **Project Specifics**

New space needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of Project: \_\_\_\_\_

Details of Project:

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## **Facilities Assessment**

Outside contractors needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Estimated project cost: \_\_\_\_\_

Permits needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Contractor's IC Agreement on file? \_\_\_\_\_ Yes \_\_\_\_\_ No

Department funding project: \_\_\_\_\_

**Approved by:**

\_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please return completed form to the Facilities Department.***