



## Facility Construction/Renovation/Modification Request

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This form should be completed by the requesting department.

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

Contact person: \_\_\_\_\_

Type of request:

- |  |   |
|--|---|
| <input type="checkbox"/> Renovation/remodel              | <input type="checkbox"/> Additional space |
| <input type="checkbox"/> Change in use of existing space | <input type="checkbox"/> New construction |
| <input type="checkbox"/> Other                           |   |

Detailed description of the project (include as much information as possible here or as an attachment):

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Desired completion date of the project: \_\_\_\_\_

Estimated Cost/Funds Available: \_\_\_\_\_

Anticipated Source of Funding: \_\_\_\_\_

Work requested by: \_\_\_\_\_  
(Signature of requestor)

*Completed form should be forwarded to Administrative Services.*