

# REQUEST FOR SERVICE

Date of Request
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**Please complete this form to facilitate the timely review and implementation of your request.**

## CONTACT INFORMATION

Name of program, research or unit needing space			
Department		School/College	
Requester or Principal Investigator			
Request Contact Person		Title	Email Address
Address		Zip Code	Phone

## TYPE OF REQUEST

<input type="checkbox"/> Land Sale	<input type="checkbox"/> Lease-Out	<input type="checkbox"/> Grant	<input type="checkbox"/> Easement/Right-of-Way
<input type="checkbox"/> Land Purchase	<input type="checkbox"/> Lease-In	<input type="checkbox"/> Timber Management	<input type="checkbox"/> Gift
Primary Purpose			
<input type="checkbox"/> Office	<input type="checkbox"/> Lab	<input type="checkbox"/> Research	<input type="checkbox"/> Classroom
<input type="checkbox"/> Storage	<input type="checkbox"/> Other		

Describe the request being made in the space provided below:

## APPROVAL INFORMATION

<b>REQUESTOR</b> Unit Head/Principal Investigator	TITLE _____ SIGNATURE _____ Print Name _____ Date _____
<b>DEPARTMENT</b> Department Chair or Director	TITLE _____ SIGNATURE _____ Print Name _____ Date _____
<b>SCHOOL OR COLLEGE</b> Dean/VP (or authorized designee)	TITLE _____ SIGNATURE _____ Print Name _____ Date _____