

**Lane Community College
Space Request Form**

Requesting

Department: _____ Date: _____

Contact Name: _____ Extension: _____

PURPOSE OF REQUEST:

Provide a description of the request. Include information on existing facilities, if any, and what additional or new space is needed and why. If a remodel, briefly explain the changes requested. List any features required in the requested space. Use additional pages if necessary.

SPACE REQUESTED:

- Office
- Classroom
- Computer lab/classroom
- Work area
- Lab
- Other _____

Square feet needed: _____

Preferred location:
(Building / campus) _____

Date needed by: _____

SPACE UTILIZATION:

Temporary: From: To:
Permanent: _____
Number and FTE of
occupants: _____
Days of week needed: _____
Times of day needed: _____

APPROVALS:

The signatures of the requesting department's chair/manager and the VP or AVP to whom the department reports signify understanding and approval of the request. The department will be notified when a final decision is made.

Dept. Chair/Manager Name Signature Date

VP/AVP Name Signature Date

Submit paper copy of this form and attachments to Bob Mention, Facilities Management & Planning.