

**Lane Community College  
Space Request Form**

Requesting

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

Contact Name: \_\_\_\_\_ Extension: \_\_\_\_\_

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**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SPACE REQUESTED:**

Office  
Classroom  
Computer lab/classroom  
Work area  
Lab  
Other \_\_\_\_\_

Square feet needed: \_\_\_\_\_  
Preferred location:  
(Building / campus) \_\_\_\_\_  
Date needed by: \_\_\_\_\_

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**SPACE UTILIZATION:**

Temporary Dates:                      From:                                      To:  
Permanent Date: \_\_\_\_\_  
Number/FTE of occupants: \_\_\_\_\_  
Days of week needed: \_\_\_\_\_  
Times of day needed: \_\_\_\_\_

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**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.**

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|--------------------------|-----------|------|
| Dept. Chair/Manager Name | Signature | Date |
| VP/AVP Name              | Signature | Date |

Submit paper copy of this form and attachments to the attention of Jennifer Hayward,  
Facilities Management & Planning.