

**LAKE WASHINGTON INSTITUTE OF TECHNOLOGY
SPACE RENOVATION
REQUEST FORM**

Requested by:

Department/Program:

Contact & Phone No.:

Approval:

Executive Cabinet Member

Date

Type of Space: *(Please check appropriate box)*

Classroom Other: Description:

Lab Office Conference/Meeting

Location: Date Needed By:

Type of Renovation: *(Please describe renovation being requested)*

Infrastructure Needs:

Power Data Phone/Communications

Other: Please Describe

Funding Source: *(If requesting capital funds; subject to Facilities prioritization)*

Department Budget Request Capital Funds Other

Department Budget Code:

Justification: *(Please provide brief justification statement; attach additional information as may be necessary)*

APPROVED

Vice President, Administrative Services Date

Facilities Date