

Lake Washington Institute Of Technology

Space Acquisition/Relocation Request Form

Requested by: _____

Department/Program: _____

Contact & Phone No: _____

Approval (E-Cabinet Member): _____ Date: _____

Type of Space (please check appropriate box):

Classroom

Office

Lab

Conference Meeting

Other: _____

Desired Location: _____ Space Vacating: _____

Date Needed by: _____

Infrastructure Needs:

Power

Phone Communications

Data

Other (Please describe): _____

Funding Source if requesting Capital funds; subject to facilities prioritization):

Department Budget

Request Capital Funds

Other: _____

Justification (please provide a brief justification statement; attach additional information as necessary):

Approved (Office Use Only)

VP, Administration Services: _____ Date: _____

Facilities: _____ Date: _____