

# Lake Washington Institute Of Technology

## Space Renovation 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: \_\_\_\_\_ Date Needed by: \_\_\_\_\_

Type of Renovation (please describe renovation being requested)

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: \_\_\_\_\_