

RADFORD UNIVERSITY

Facilities Management

SERVICE REQUEST FORM

DATE: _____ **DATE SERVICE REQUESTED BY:** _____

BUILDING WHERE SERVICE NEEDED: _____ **ROOM/s:** _____

(check one): Estimate Only: Please Provide Service without Estimate:

WORK REQUESTED: (be specific concerning requirements: i.e., paint 5 rooms, 100-105, before 6/01)

***CONTACT PERSON:** Name: _____ Phone: _____
(*who knows job)

Located in Room #: _____ Department: _____

BUDGET CODE: _____

Fiscal Tech: _____ Phone: _____ P.O. Box: _____

FUNDS APPROVED BY: (Dean, Director, or Dept. Head)

Printed Name: _____ Phone: _____

Signature: _____ Title: _____

*Please retain a copy – scan and email to: facilities@radford.edu or mail original to:
Facilities Management Box 6909 Radford, VA 24142*

FOR FACILITIES MANAGEMENT USE ONLY:

Director: _____ W/O#: _____ Project: _____