## **Space Allocation and Alteration Request Form**

## **Angelo State University-Facilities Management**

You must complete this form to request a change in physical space or a change in how space is allocated on the ASU campus. Send your completed form to the Space Inventory Business Coordinator (c/o department of Facilities Management). For questions on terminology or the form in general, visit the Facilities Inventory Web site or call 325-486-6244. The requestor must receive written approval from Facilities Management prior to proceeding with any changes.

CONTACT INFORMATION	
Requesting Department:	Date:
Name:	Phone:
Email:	
DESCRIPTION OF SPACE NEED	
A. What best describes your space need (check all that apply)?	
☐ Change of Space Function ☐ Department Level Change	
□ College Level Change □ Improvement of Space	
☐ Request for Space in New Construction ☐ Request for Additional Space	
☐ Discrepancies in Current Space Data ☐ Vacate/Departure of Spa	ce (Please provide building/room #'s)
$\square$ Storage $\square$ Athletics $\square$ Residential/living $\square$ Other (Please explain:	Food Services
C. Who will use the space (check all that apply)?	
☐ Faculty ☐ Staff ☐ Resident Assistants ☐ Visito	
☐ Teaching Assistants ☐ Students ☐ Custodians ☐ Other	
D. Have you identified a suitable location for this space allocation change or alteration?	
☐ Yes ☐ No	
E. If yes, please describe using building/room #s (If no, please proceed to line "I"	7):
F. Are your dean (or VP) and Department Space Representative aware of these on Yes	oposed use (improvement of space)?  and Construction)?   Yes   No
<ul> <li>I. Do you have funding available to commit to alterations/relocation? ☐ Yes ☐ No ☐ N/A</li> <li>J. Please briefly describe how the space will be used as well as why new/additional space is needed:</li> </ul>	
K. Date Needed:	
L. Length of time needed:	
REQUEST AUTHORIZATION SIGNATURES (Project leader should have people sign	n in order of appearance)
Department Head:	Date:
Dean/Director/VP:	
Director of Business Services:	
Space Inventory/Business Coordinator:	Date:
FACILITES MANAGEMENT USE ONLY:	
Notes:	
☐ Accepted ☐ Denied	