

Facilities and Services Division - Space Management

## 1 SPACE REQUEST FORM

1.1	Daa	unctor	Infor	mation
<b>1.</b> L	ney	uestor		mation

Date:	
Details of person requesting space:	
Name:	
Position:	
College, School, Division, Student Group, etc:	
Phone:	
Email:	
Details of person authorising this request:	
(Dean / GM / Director or equivalent)	
Name:	
Position:	
1.2 Current Space	
Building Name and No:	
Room Numbers:	
1.3 Space Need	
When is the space needed?	
which is the space needed:	
How long is the space needed for?	
How long is the space needed for?  Type of space needed e.g. office:  How much space do you need?	
How long is the space needed for?  Type of space needed e.g. office:  How much space do you need?  e.g. number of people and/or items required to	
How long is the space needed for?  Type of space needed e.g. office:  How much space do you need?  e.g. number of people and/or items required to be accommodated	
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