

**ST. PETER’S HOSPITAL**

***Space/Move Requests***

DATE OF REQUEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUBMITTED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUESTING DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COST CTR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXECUTIVE ENDORSEMENT (VP): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* SPACE NEEDED REQUEST
* MOVE REQUEST
* OTHER SPACE PLANNING REQUEST

TYPE:

DESCRIPTION OF REQUEST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please attach additional information on separate page

*THIS SECTION TO BE COMPLETED BY FACILITY PLANNER*

**SECURITY**

* Locksmith
* Security access
* Signage

**NOTIFICATIONS**

* Mail room
* Loading dock
* Switchboard
* EVS

**FACILITY REQUIREMENTS**

* Power
* Lighting
* Flooring
* Furniture

**INFORMATION SERVICES REQUIREMENTS**

* Data
* Telecom
* Printing requirements met

*The Facilities Space Planning Committee has reviewed your request and determined that your request is:*

* DENIED
* REASSIGNED AS A PROJECT
* APPROVED
* PARKED, PENDING FURTHER INFORMATION