

Location Change of Use Form

Date:		Form No.:		
Requested By: (Name & Banner ID)			Signature	
Department:				
Location:	Building		Floor	
			Room Code	
Current Use			Proposed Use	
The change is : <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (duration):				
Description/Justification:				
Endorsed By	Facilities Management Department			
Name				
Designation				
Signature			Date	
Khadamat Facilities Management Approval				
Health and Safety Department				
Name			Designation:	Fire Marshal
Potential Impact Identified/Comments				
Signature			Date	
	Time Tabling	Cleaning	Security	
Name				
Designation				
Potential Impact Identified/Comments				
Signature/Date				
Estates Department				
Name			Designation:	Facilities Engineer
Potential Impact Identified/Comments				
Signature			Date	