

# FACILITIES REQUEST FORM

Requestor Name: \_\_\_\_\_ Department: \_\_\_\_\_

Contact Information (Phone/Email): \_\_\_\_\_

## Facility Details:

Facility Name or Location: \_\_\_\_\_

Room/Area Number (if applicable): \_\_\_\_\_

Building: \_\_\_\_\_ Floor: \_\_\_\_\_

## Request Type:

- Maintenance
- Repair
- New Installation
- Inspection
- Other (specify): \_\_\_\_\_

## Description of Request / Work to be Performed:

## Priority Level:

- Low
- Medium
- High
- Urgent

## Access Requirements / Special Instructions:

Requested Completion Date: \_\_\_\_\_

I certify that the information provided in this Facilities Request Form is accurate and complete to the best of my knowledge. I understand that approval of this request is subject to review and availability of resources. I agree to comply with all applicable policies, regulations, and safety requirements related to the requested work. I acknowledge that submission of this form does not guarantee immediate service or approval.

**Disclaimer and Limitation of Liability:**

The organization shall not be liable for any damages, losses, or injuries resulting from the requested work unless caused by negligence or willful misconduct of its agents or employees. All work performed is subject to applicable laws and regulations. The requester agrees to indemnify and hold harmless the organization from any claims arising from this Facilities Request.

**Requestor's Signature**

**Facilities Manager's Signature**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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