

OFFICE MOVE REQUEST FORM



DATE of REQUEST: _____ REQUESTED DATE of MOVE: _____

NAME: _____

TITLE: _____

DEPARTMENT: _____

EMAIL: _____

MOVE APPROVED BY: _____

COMMENTS: _____

CURRENT LOCATION

NEW LOCATION

Building:	Building:
Room #:	Room #:
Phone Ext:	Phone Ext:
Computer: <i>Move scheduled and coordinated by IT</i>	Computer: <i>Move scheduled and coordinated by IT</i>

CUSTODIAL

- ☐ Does the office being moved into need cleaning before we start to move furniture?

FURNITURE

- ☐ Will facilities need to move furniture? If so, indicate type and number of pieces to be moved and if any of the furniture needs to be taken apart before we can move it.

Desk	<input type="text"/>	Bookcase(s)	<input type="text"/>	Miscellaneous – Details: _____
Chair(s)	<input type="text"/>	Credenza	<input type="text"/>	_____
Table(s)	<input type="text"/>	Picture(s)	<input type="text"/>	_____
File Cabinet(s)	<input type="text"/>	Misc	<input type="text"/>	_____

- ☐ How many boxes need to be delivered? Please Note: you are responsible for packing and labelling items

Boxes

ACCESS

- ☐ Designee has submitted for Key Request, Key Transfer, and/or Card Access to ATLaS. For more information, see <https://www.coloradomesa.edu/facilities/atlas.html>

FACILITIES APPROVED: _____

MOVE SCHEDULED: _____