



RENOVATION REQUEST FORM*

Date of Request: _____

Name of Requestor: _____

Name of Project: _____

Detailed Description of Request:

Department: _____

Room/Location: _____

Target Completion Date: _____

Check all that apply

Project Approval

Department Head
Dean of Faculty
Business Affairs

Proposed Funding Source

Start Up
Department
Division of Student Affairs
Dean of Faculty
Business Affairs

Funding Approval

Department
Dean of Faculty
Business Affairs

To Be Completed by Facilities and Maintenance

Proposed Scope

Estimated Budget: _____

Project Code: _____

*Projects on this form differ from normal "work order" requests, and are considered to be larger in scope than traditional repairs or preventative maintenance.

Forward completed form to facilities@hmc.edu