



**USF Physical Plant  
Space Impact Request**

TELEPHONE 974-4983  
FAX 974-3199

DATE \_\_\_\_\_ S.I.R. NO. \_\_\_\_\_

REQUESTING DEPARTMENT \_\_\_\_\_

COLLEGE \_\_\_\_\_ CAMPUS ADDRESS \_\_\_\_\_

REQUESTOR \_\_\_\_\_ PHONE NO. \_\_\_\_\_

E-MAIL \_\_\_\_\_ FAX NO. \_\_\_\_\_

DESCRIPTION OF REQUEST (INCLUDE SKETCH AND COST ESTIMATE IF APPLICABLE) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR REQUEST \_\_\_\_\_

\_\_\_\_\_

ANTICIPATED SOURCE OF FUNDS OR GRANT \_\_\_\_\_

**SIGNATURE BELOW IS REQUIRED PRIOR TO REVIEW AND DOES NOT IMPLY APPROVAL OF THIS REQUEST**

DEAN/DIRECTOR  
(PLEASE PRINT) \_\_\_\_\_ EXT. \_\_\_\_\_ CAMPUS ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AREA VICE PRESIDENT  
(PLEASE PRINT) \_\_\_\_\_ EXT. \_\_\_\_\_ CAMPUS ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RETURN COMPLETED FORM TO PHYSICAL PLANT OPM 100 OR FAX TO 974-3199  
FOR INFORMATION CALL 974-4983**