

FACILITIES SET-UP REQUEST

Shoreline Community College

No: _____
(Facilities Department Use Only)

Requestor Information

Requestor Name (print)		Dean, Director, Executive Director, or Vice President Approval Signature		Building Number
Date Requested	Phone Ext. #	Program/Department	Budget Number	Room Number

Event Details

Event Date(s)	M T W Th F Sa Su Circle Event Day(s) of Week	Title of Event
Event Room Number	Event Start Time	Event End Time
Set-Up Time Deadline	Take Down Date	Take Down Time

Detailed Sketch of Room Set-up

Facilities Department Use Only

SET-UP ASSIGNMENT		TAKE DOWN ASSIGNMENT		SET-UP COMPLETE		TAKE DOWN COMPLETE	
Maintenance	Custodial	Maintenance	Custodial	Initials	Date	Initials	Date
Date	Date	Date	Date				
Time	Time	Time	Time				

Special Instructions/Notes

Complete form, make a copy, and send original to **Facilities Department – Room 5105** at least one week prior to event.