

Move/Relocation Request Form



Please complete, download, and print this form and send it to facilitiesmanagement@uhd.edu

Today's Date: _____ Project: _____

Who is moving: _____

From: _____ To: _____

Date move needs to be completed: _____

Purpose of move: _____

Does this move include others? If so, who: _____

Scope of work:

Furniture- Relocation: Yes No

Furniture -Additional: Yes No

Boxes needed: Yes No

Comments:

Dept. VP/Dean : _____ Date: _____

Full name

Sign

A&F USE ONLY

Space Committee Approval (If Required): _____ Date: _____

Space Coordinator Coding change (If Required): _____

OIT: _____ Date: _____

Locksmith: _____ Date: _____

Security Office: _____ Date: _____

Work Order Number: _____

Date Completed: _____