Work Space / Remodel Request

After you fill out form, please email request to: Spaceplanner@blm.gov

|  |  |  |  |
| --- | --- | --- | --- |
| Approving official: | Agency: | | extension: |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. |
| Agency contact: | | | extension: |
| Click here to enter text. | | | Click here to enter text. |
| Building: | | Room/suite number: | |
| Click here to enter text. | | Click here to enter text. | |
| Summary of request (6 lines maximum): Click here to enter text.  **General:** | | | |

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**Facilities Department use only:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **HVAC:** |  | **IT/Phone:** |  | **Power/Electrical:** |  | **Security:** |  |
| **Carpet:** |  | **Paint:** |  | **Lighting:** |  | **Ceiling :** |  |

**General:**

|  |  |
| --- | --- |
| Requester’s budget (estimated): | Click here to enter text. |
| Number of FTE (non-telework) workstations: | Click here to enter text. |
| Number of Telework Employees: | Click here to enter text. |
| Number of spaces for Kiosk Hoteliers: | Click here to enter text. |
| Other personnel/agencies affected by request: | Click here to enter text. |

**Standard Equipment Needs:**

|  |  |  |  |
| --- | --- | --- | --- |
| Fax | Printer | Plotter | TV |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Specialty Equipment needs:**

|  |  |  |  |
| --- | --- | --- | --- |
| AV | Vertical Storage | Security Door | Other |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

NIFC approving official for space reassignment:

Sign: Date: