

Facilities Work Request

If an URGENT maintenance need, please call: extension 5538
 Email completed form to: Workrequest@blm.gov



Is the work: *REPAIR of EXISTING, Complete Part A*
 NEW WORK, Complete Part A and B
(Check One)

Budget: \$ _____

Approving Official: _____

Part A:

Requestor Information:

Name:	Phone/Email:
Date Submitted:	Date Required:
Building #/Name:	Room #/Location:
Summary of request:	

Part B:

General:

Requester's estimated budget (confirmed):	
Number of FTE (non-telework) workstations:	
Number of Telework Employees:	
Number of spaces for Kiosk Hoteliers:	
Other personnel/agencies affected by request:	

Standard Equipment Needs:

Fax(s):	Printer(s):	Plotter(s):	TV(s):
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Specialty Equipment Needs:

AV:	Vertical Storage:	Security Door:	Other:
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Facilities Department use only:

Facilities use only for → NEW WORK

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

NIFC approving official for change of Area Assigned to Agency:

Signature of Division Chief of Support Services

Date

Facilities use only for → REPAIR of EXISTING:

Assigned to:	Date Assigned:
Number:	Contractor Cost:
Staff Hours spent:	Date Completed:
Cost of Materials:	Priority:

Comments (5 lines Maximum):
