



**REQUEST FOR SERVICE**

(Revised 02/03)

REQUEST FOR SERVICE	<input type="checkbox"/>
REQUEST FOR ESTIMATE	<input type="checkbox"/>
REQUEST FOR CHANGE TO EXISTING PROJECT	<input type="checkbox"/>
REQUESTOR CHECK ONE OF THE ABOVE	

<b>DFM USE ONLY</b>	
Date:	_____
Staff:	_____
TMA WO #:	_____
TMA PROJECT #:	_____

TO: **Division of Facilities Management**  
**Facilities Operations**  
 Landon State Office Building  
 900 SW Jackson, Room 653-S  
 Topeka, KS 66612-2210  
 Fax number: 296-3456

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

SUBJECT: \_\_\_\_\_

LOCATION OF WORK: Building \_\_\_\_\_ Room # \_\_\_\_\_

Description of work requested - attach sketches/drawings, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agency: \_\_\_\_\_

Project contact: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

Fund Number for Billing Purposes: \_\_\_\_\_

Requested by: \_\_\_\_\_ Title: \_\_\_\_\_

**Requesting Agency Authorization to Proceed:**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Requested Project Completion Date: \_\_\_\_\_

**IF REQUEST FOR SERVICE IS URGENT, PLEASE NOTIFY THIS OFFICE at 296-8070**