

## **RENOVATION REQUEST FORM**

Please return completed form to facilities@vaniercollege.qc.ca

Date:				
Requestor: Name:			Department:	
Tel:		E-mail:		
Contact Person (if differen	t from Requestor)	: Name	Tel:	
Department Cadre Signature:			Date:	
Specifica			letail to enable project cos	
Description of work: Incl	ude location (	room #), approximate siz	e of area (ft²) Attach sketch if p	ossible.
Benefits of project:				
Will this work involve:				
Additional space	Tick if yes			
	_			
Wall subdivisions				
	_			
Ventilation				
	-			
Signage				
33				
	_			
Lighting & electrical				

Flooring					
Ceilings					
Doors/Glass Partitions					
Plumbing					
Curtain/Blinds					
Painting					
Wiring (telephone, Computers)					
Move or Purchase (furniture or equipment)					
Security Equipment					
Displacement or relocation of personnel					
Other					
Ideal renovation dates:		Start date	End date		
Clarification as to why these dates are best and other information regarding timetable:					
Other considerations that may impact this project:					
Funding Source: (special grants)					