

Special Project Request

Form 1 Alterations, Modifications, Construction

Return form to Construction Renovation Manager / MTSU PO Box 32 or fax to (615) 898-2298

Indicate your division:

Requested By:

Date:

Building:

Telephone:

Room Number:

Department
Requesting
Project:

Department Currently
Occupying Space:

Account Number:

Projected Budget:

In accordance with University asbestos policy established in 1995, all proposed projects with may disturb possible asbestos containing materials, must be reviewed by MTSU health and safety services. If testing is required, a maximum of \$1,500.00 will be charged to the above noted account number to cover such cost. I agree to this expenditure and understand that I will be billed regardless of whether test results are positive or negative.

Department Head:
(signature required)

Date:

Description of work requested (give as much information about the request as possible – submit only one request at a time unless they are related):

Department Head:
(signature required)

Please print form and fax to Construction/Renovation at (615) 898-2298 with required signatures. If assistance in completing form is needed, please call (615) 898-8308.