



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

Complete the form & select  
"SUBMIT" shown below or  
Print & Fax to 573-526-9829

**FACILITY REQUEST**

- AGENCY: \_\_\_\_\_
- ORGANIZATION: \_\_\_\_\_
- AGENCY/LIASON/CONTACT PERSON: \_\_\_\_\_
- PHONE NUMBER: \_\_\_\_\_
- E-MAIL ADDRESS: \_\_\_\_\_

**STATE OWNED REQUEST**  
Facility Name & Address: \_\_\_\_\_  
\_\_\_\_\_

**LEASED FACILITY REQUEST**  
Facility Address: \_\_\_\_\_  
\_\_\_\_\_

- FUNDING SOURCE:
  - HB13
  - AGENCY OPERATING FUNDS
  - OTHER \_\_\_\_\_
- CITY: \_\_\_\_\_
- COUNTY: \_\_\_\_\_

**Please check one or more of the following as it relates to your request:**

- Change in FTE**  
Current FTE: \_\_\_\_\_ Anticipated FTE Increase/Decrease: \_\_\_\_\_
- Change in Program Delivery/Requirement**
- Systems Furniture Modification/Installation**
- Change in Space Requirements**
  - Reduction
  - Increase
- Data/Telecommunications**
- Change in Location**
- Facility Renovation**
- New Requirement**

DESCRIPTION/JUSTIFICATION: Provide a detailed description of the request and why it is needed to include any new legislation, change in program delivery, change in FTE etc. A detailed space analysis is not required until this request has been reviewed & approved by the Division of Facilities Management, Design & Construction. If additional space is required continue on next page.

**AGENCY SIGNATURE AUTHORITY**

**Approved**  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

DESCRIPTION/JUSTIFICATION (cont):

A large, empty rectangular box with a thin black border, intended for providing a description or justification. It occupies the majority of the page's width and height below the header text.