KANSAS STATE UNIVERSITY | Office of Space Management

# DRAWING REQUEST FORM

*Office Use Only*

Date In: _____

Date Out: _____

By: _____

## • INFORMATION & DESCRIPTION

NAME OF REQUESTOR: _____

DEPARTMENT/COMPANY: _____

EMAIL: _____ PHONE NUMBER: _____

## • PROJECT REFERENCE

PROJECT NAME: _____ PROJECT MANAGER: _____

## • DRAWING REQUEST DETAILS

BUILDING NAME: _____ BUILDING NUMBER: _____

YEAR OF CONSTRUCTION: _____

## • TYPE OF DRAWING (*Mark all that apply*)

☐ ARCH ☐ MEP ☐ CIVIL ☐ STRUCT ☐ SITE ☐ LANDSCAPE ☐ OTHER

## • PLAN DETAILS (ex. roof, lab area, basement addition, etc.): *Attach a separate sheet if needed*

DRAWING REQUEST FEES

*Some fees may apply, contact the Space Management department for details*

Please include with your request the date when you require the drawings. We will attempt wherever possible to meet the date that you request, however please allow a **minimum of 48 hours** between date requested and date required.

**Return Completed Drawing requests to the Space Management Department**

Attention: Director of Space Management

Email: hlmills@ksu.edu