

## 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: Heather Mills - 217A Dykstra Hall

Email: [hmills@ksu.edu](mailto:hmills@ksu.edu)