Permit No. _____

SHORT TERM STORAGE PERMIT

This Permit is required for storing anything in non-department space.
(Common Hallways, Mechanical / Electrical Rooms, Roofs etc)

_____
Company or Department Name

_____
Contact Name

_____
Company/Dept Phone Number Cell Phone Number

DESCRIPTION OF ITEMS TO BE STORED

_____

_____

_____

_____

SAMPLE

WHERE ITEMS ARE TO BE STORED

_____

_____

Dates: _____ _____
From To

PROJECT NAME

_____

_____
Project Manager

_____
Signature

_____
Dept/Office Phone Number Cell Phone Number

APPROVED BY

Dept *Office of Facilities Planning & Mgmt*

Contact _____

Phone _____

White - Office of Facilities Planning & Management
Yellow - Requestor copy
Buff - Place on equipment