



# GENERAL SERVICES PROJECT REQUEST FORM

Completed By General Services Only

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Assigned to:

Date:

DEPARTMENT NAME

DEPARTMENT DIRECTOR

REQUESTER NAME

DEPARTMENT DEPUTY DIRECTOR

FOR QUESTIONS / ISSUES REGARDING THIS PROJECT REQUEST, CONTACT:

NAME

TELEPHONE NUMBER

EXTENSION

E-MAIL ADDRESS

PROJECT LOCATION:

BUILDING

\*ROOM#

ROOM / AREA NAME:

\* If more than one room, Check Here

☐

PROVIDE A DESCRIPTION OF WORK REQUESTED FOR THE PROJECT AND WHY THE WORK IS NEEDED.

## INTERNAL USE ONLY

PLEASE INDICATE THE SPECIALTIES THAT MAY BE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

- |  |   |                                     |                                   |  |  |
|--|---|-------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Electrical  | <input type="checkbox"/> Plumbing   | <input type="checkbox"/> HVAC       | <input type="checkbox"/> Lighting | <input type="checkbox"/> Patch / Paint | <input type="checkbox"/> Carpet / Tile |
| <input type="checkbox"/> Structural Modifications (walls, doors, windows, ceiling, etc.) | <input type="checkbox"/> Interior Design Services                         | <input type="checkbox"/> Data Lines |                                   |  |  |
| <input type="checkbox"/> Millwork (cabinet, casework, etc.)                              | <input type="checkbox"/> Equipment (TVs, PCs, cameras, card access, etc.) | <input type="checkbox"/> Other      |                                   |  |  |

Code Related Requirements

How Many Customers Will This Impact Daily \_\_\_\_\_

When can the work be performed:

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Normal Business Hours (M-F)

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After Hours / Weekends Only

FUNDING APPROVAL:

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ESTIMATE NOT REQUIRED

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NEED "BALLPARK" ESTIMATE

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NEED FIRM ESTIMATE\*

\*PLEASE NOTE: IF DESIGN/ENGINEERING SERVICES ARE REQUIRED TO PRODUCE A FIRM ESTIMATE, A PROFESSIONAL SERVICES CONTRACT WILL BE REQUIRED.

ANY OTHER FUNDING SOURCES AVAILABLE

PROJECT COMMENCEMENT DATE

PROJECT COMPLETION DATE

REQUESTER / MANAGER SIGNATURE

DATE

DEPARTMENT DIRECTOR SIGNATURE

DATE

FORWARD ORIGINAL COMPLETED FORM TO: ROOM 1, 716 RICHARD ARRINGTON JR. BLVD NORTH

OR EMAIL: [GSPROJECTREQUESTS@JCCAL.ORG](mailto:GSPROJECTREQUESTS@JCCAL.ORG)

JEFFERSON COUNTY GENERAL SERVICES

TELEPHONE: 205-849-2380