



GENERAL SERVICES EQUIPMENT  
INSTALLATION REQUEST FORM

Completed By General Services Only

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Assigned to: \_\_\_\_\_ Date: \_\_\_\_\_

DEPARTMENT NAME \_\_\_\_\_

DEPARTMENT DIRECTOR \_\_\_\_\_

REQUESTER NAME \_\_\_\_\_

REQUESTER JOB TITLE \_\_\_\_\_

FOR QUESTIONS / ISSUES REGARDING THIS PROJECT REQUEST, CONTACT:

NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

EXTENSION \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EQUIPMENT INSTALLATION LOCATION:

BUILDING \_\_\_\_\_

\*ROOM# \_\_\_\_\_

ROOM / AREA NAME: \_\_\_\_\_

\* If more than one room, Check Here

☐

PROVIDE A DESCRIPTION OF EQUIPMENT TO BE PURCHASED / INSTALLED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERNAL USE ONLY

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

☐

Electrical

☐

Plumbing

☐

HVAC

☐

Lighting

☐

Patch / Paint

☐

Data Lines

☐

Millwork (cabinet, casework, etc.)

☐

Other

When can the work be performed:

☐

Normal Business Hours (M-F)

☐

After Hours / Weekends Only

FUNDING APPROVAL:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ESTIMATE NOT REQUIRED

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NEED "BALLPARK" ESTIMATE

☐

NEED FIRM ESTIMATE\*

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

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. BOULEVARD, N.

OR EMAIL: GSWorkorder@jccal.org

JEFFERSON COUNTY GENERAL SERVICES

205-849-2380