

Facilities Management Utilities Request Form

Building Name: _____ Building #: _____ Address: _____ Sq. ft. _____
 Hours of Operation: _____ Utilization of space is: Classroom% _____ Office% _____ Housing% _____ Other% _____
 Is there current service: Yes _____ No _____ **If yes, complete section A & B. If no, complete section A.**
 Request submitted by: _____ Date _____ Phone # _____ Email _____

Please submit to Carl Beckelheimer: Email: cebeckelheim@vcu.edu Phone: 628-2342 P.O. Box: 980166

Section A:

Service is: New _____ Transfer _____ Termination _____ (Specify reason) _____
 Utilities Needed: Gas _____ Water _____ Electric _____ Steam _____
 When is new or transfer of current service needed. _____
 Who will be occupying the space: University _____ Housing _____ Real Estate Foundation _____ Other (specify) _____

Billing Address: Virginia Commonwealth University
 PO Box 842502
 Richmond, Virginia 23284-2502
Attn: FMD Accounting, Joyce Phillips

Budget code(s) to be charged: _____ % _____ %
 _____ % _____ %

Section B:

Whose name is the current service in. _____

Gas:	Acct. # _____	Notes:
	Acct. # _____	
Water:	Acct. # _____	
	Acct. # _____	
Electric:	Acct. # _____	
	Acct. # _____	
Steam:	Acct. # _____	
	Acct. # _____	