

Request for Floor Plan Review:

Requestor Name: _____

Requestor Email: _____

Requestor Phone: _____

Facility Name: _____ Floor: _____

Request Type (select one):

Full floor review: _____ Suite Review: _____ Individual Space Review: _____

If suite or space is selected, please list room numbers: _____

Is keyed access required for this area? _____Yes _____No

Preferred time for review: _____

Reason for review:

Please return this completed form to the Office of Cost & Space Analysis via email to either Valerie Jackson jacksonv@uab.edu or Allison Brackett abackett@uab.edu.

Financial Affairs
Office of Cost & Space Analysis
AB 525