**MOVE REQUEST FORM**

**To: Customer Service Center** **Date:**

**From:**       **Phone #:**

**E-Mail Address:**

**Dept. Head Approval:**       **P.I. Approval:**

**Grants/Contract Approval (If Req’d):**

**Move to:**       **From:**

**Description of Work (Attach supporting documentation):**

**For Facilities Management Use Only**

Date Request Received:

Date Scheduled For Move:

Date Request Completed:

Movers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_