FITZSIMONS redevelopment authority

Work Request

Requestor's Name: _____

Company Name: _____

Requestor's Email: _____

Requestor's Phone: _____

Suite or lab where work is to be performed: _____

Tenant Cost Considerations: *Costs are subject to change without notice.*	
Phone Line Installation	$90/Line
Data Line Installation	$105/Line
Lg. Furniture/Equipment	$200 Min.
Replacement Keys/Cards	$5/ea
Replacement Parking Pass	$50/ea
Administrative Assistance	$20/hour

Please call 720-859-4109 for questions regarding costs associated with other requests or any questions regarding the work request process.

Please describe your request below:

_____

_____

_____

_____

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_____

LAB/OFFICE ACCESS PERMISSION

* Please Choose One

___ Yes, the FRA may access my lab/office in my absence to accomplish this task.

___ No, I must be present to escort the FRA and its vendor through my lab/office to accomplish this task

Scheduling preferences, if any:

AUTHORIZATION

___ I am authorized to approve requests that alter the use of our labs/offices or incur costs to be billed back to my company and I authorize the work to proceed.

_____

Signature of authorized representative

Comments (FRA Use Only):