UNIVERSITY OF CALIFORNIA Planning & Real Estate Services Space Planning & Analysis

Facilities Link Space Change Form

Who is completing this form?				
Space Coordinator Name:				
Department:				
Division:				
Is the space which you asking to mo	dify the Facilitie	s Link coding, allo	cated to the Dir Yes	vision or School?: No
If, the space which you are asking allocated to your Division or Scho to which the space is allocated.	-		-	-
Part I: Current Space Information	_			
In what building is the space located	?			
What is the room number of the space	e?			
What is the current use of the space	? [
Is the space occupied today, if so by	whom?			
What is the existing Room Type ?				
What is the existing Room Name for Part II: Revised Space Information	· -			
Confirm the room number(s) of the s	pace(s) that she	ould be changed:		
Is the change that you are requesting	g a Room Type	change?		
If so, what should	I the new Room	n Type be?		
Is the change that you are requesting	g a Room Name	e change?		
If so what should	the new Room	Name be?		
Will the room be occ	upiable after th	e change?		
Is there some other type of change the	nat you are req	uesting?		
Does the revision to this space chang	ge the ASF?			
If so, please explain:				
Please explain the reason for the cha	ange that you a	re requesting?		
Approved Space Assignment				
School/Division Space Coordinator				
	Print Name			