



Sam Houston State University
Facilities Management
Building Schedule Form



Please give 48 hour notice

Crews to be notified: *(check all that apply)*

- Card Access
- Heating/Cooling
- Custodial
- Electrical

FROM

NAME: _____

DATE: _____

PHONE: _____

FAX: _____

INSTRUCTIONS:

Please return to:

Customer Service
SHSU Box 2357
Fax 294-3554
facilitiescustomerservice@shsu.edu

FUNCTION	BLD/RM	DATE	TIME	CONTACT/EXT

PROCESSED:

Date

Staff