



Facilities Compliance and Quality Control
 12525 N.W. 28 Avenue Room 507 Miami, Florida 33167 Location 9222, Tel: (305) 995-4632 Fax: (305) 995-4763

SERVICE REQUEST FORM

Requestor: _____ Title: _____ Dept.: _____

Phone: _____ Beeper: _____ Fax: _____

Project Manager if different): _____

Request Date: _____ Date Service Needed On: _____ Time: _____

Site Loc. Num.: _____ Facility: _____

Region: _____ OFO Satellite: _____ Example: (NO.NC.SC.SO.CR. Central Maint.)

Project or W.O. #: _____ Permit No. _____

Project Description: _____

Portable Number(s): _____

Type of Project: _____ Example: (APC/EPC,BOND,SPC,JOC,OFO,PTA,SPECIAL, N/A)

Project Stage: _____ Example: (DESign,CONstruction,COMpletion,WARrranty,POST occupancy)

Architect / Engineer: _____	This information is required
Contractor: _____	for each request submitted
U.B.C.I. Firm: _____	for review or inspection

For Overtime Requests, Please Provide Funding Structure Below

Brief description of service requested:

FUND	OBJECT	LOCA	PROG	FUNC
Service Category: _____		UBC-Uniform Building Code, Q/A-Quality Assurance, WAR-Warranty, TEC-Technical Assistance, DES-Design		

PROJECT MANAGER MUST SELECT ALL DISCIPLINES REQUIRED FOR EACH REQUEST

Discipline(s) Needed	Request Type
STR-structural/architectural _____	OEF-Sign-off _____
PAI-painting _____	Response to PR/Insp _____
ELE-electrical _____	Electrical Service Connection _____
PLU-plumbing _____	Rough Inspection _____
AIR-hvac _____	Concrete Pour _____
SHE-sheet metal _____	Acceptance Inspection _____
ROO-roofing _____	Reinspection _____
AUD-communications/ a/v _____	Occupancy Evaluation _____
LAN-Landscaping _____	Warranty-1 year _____
ARC-Architect _____	Technical Assistance _____
MER-Mechanical Engineer _____	Phase I Plan Review _____
EER-Electrical Engineer _____	Phase II Plan Review _____
SER-Struct/Civil Engineer _____	Phase III Plan Review _____
LAR-Landscape Architect _____	Test-Pressure,T&B,Dump _____
Fire - Safety _____	Progress Inspection _____
	EFCO Services _____

PLEASE SUBMIT ALL REQUESTS TO ADDRESS OR FAX NUMBER LISTED ABOVE

Signature of Requestor: _____