

Temporary						
Today's Date:		Original Request D	ate:	Revised Reque	est Date:	
School or Department						
Length of Time Desire	d for Exhibit:					
SITE SELECTION						
Existing Building or Sit	e Location:					
Existing Use:			Proposed Use:			
Rationale for Site Sele	ection:					
Site Map Attached? Yes No			Image of Artwork Attached? Yes No			
ADDITIONAL INFORM						
Installation Date:		Removal Date:		Schedule Attached?	Yes	No
Project Description ar					1	1 112
Digging or Staking Red needs:	uired? Pleas	e note this so FM c	an provide	utility marking. Please	describe a	nny other
ADDROVALO						
APPROVALS						
Facilities				1)2+0.		
Management				Date:		
Public Safety						
				Date:		
Environmental						
Environmental Health and Safety				Date:		
				Date:		
Health and Safety	plicant will be	e responsible for fu	nding any r	Date: Date:	y property	
Health and Safety Auxiliaries	plicant will be	e responsible for fu	nding any r	Date: Date:	y property	
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Health and Safety Auxiliaries * Please Note: The ap	FORMS TO: I	Rachel Bowers, Fac		Date: Date: Date: estoration of universit Date:	y property	