Facilities Management Utilities Request Form

Building Name: ___________________________ Building #: _______ Address: ___________________________ Sq. ft. _______

Hours of Operation: ______________________ Utilization of space is: Classroom% __ Office% ___ Housing% ___ Other% ___

Is there current service: Yes ______ No ________ If yes, complete section A & B. If no, complete section A.

Request submitted by: ______________________ Date __________ Phone # _______ Email __________________________

Please submit to Carl Beckelheimer: ______________________ Email: cbeckelheim@vcu.edu Phone: 628-2342 P.O. Box: 980166

Section A:
Service is: New ______ Transfer ________ Termination ________ (Specify reason) ________________

Utilities Needed: Gas ______ Water ______ Electric ______ Steam ______

When is new or transfer of current service needed: ______________

Who will be occupying the space: University ______ Housing ________ Real Estate Foundation ________ Other (specify) ______________

Billing Address: Virginia Commonwealth University
PO Box 842502
Richmond, Virginia 23284-2502
Attn: FMD Accounting, Joyce Phillips

If different please specify __________________________

Budget code(s) to be charged: __________________________ % _______ __________________________ % _______

Section B:
Whose name is the current service in: __________________________

Gas: Acct. # __________________ Notes:
Acct. # __________________

Water: Acct. # __________________
Acct. # __________________

Electric: Acct. # __________________
Acct. # __________________

Steam: Acct # __________________
Acct. # __________________