COVID SPACE MODIFICATION REQUEST			
Building Name:	Date:		
Building Manager: Phone:			
General Statement: Á\@ÃÖWĀÜ[&蚕ΦÃĞ ΦΦ &℥ *Á[æ^Á; d℥ ^•Á®Á; ^æ*; '^•Áţ Ás^ÁæA^} Á; lā; Áţ Ásp ^Áæ&æã; Á; [åãæææā] Á* & @Áæ Á [;\Á![{Á @{ ^æ} ^Áæ&æā; Á; [åãæææā] }Á* & @Áæ Á [;\Á!] {Á @{ ^æ} ^Áæ&æā; Á; [åãæææā] }Á* & @Áæ Á [;\Á!] {Á @{ ^æ} ^Áæ&æā; Á; [åãæææā] }Á* & @Áæ Á [;\Á!] {Á @{ ^æ} ^Á; Ás} [æ\$ ~Á\$] & @{ ^Á; Á\$ @\$ ^Á; A\$ @\$ A\$ ÆØ A\$			
DEPARTMENTS SERVED BY THIS REQUEST:			
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DO YOU REQUIRE:		DF	SCRIBE:
Furniture Moving: Assistance needed for furniture to be moved around within a space or relocated to another room in the building. We want to avoid moving out furniture items on a temporary basis.	Yes	No	001402.
Are there spaces in the building where you cannot adhere to social distancing measures, and need partitions installed, or another physical solution?	Yes	No	
Are there transactional counters in the building where plexiglass is needed?	Yes	No	
Phone/Computer Relocation	Yes	No	
Equipment Relocation (AV, etc.)	Yes	No	
Are there classes planned in the building that will have more than 50 people?	Yes	No	
Other Needs	Yes	No	
DETAILED DESCRIPTION:			
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Save the file with the Building Name first and email to Facilities Capital Projects, FAC.CapitalProjects@du.edu

SUBMIT: