

SET-UP REQUEST FORM

HOUSEKEEPING, CAMPUS MAIL

**ONE EVENT/SET-UP PER FORM, PLEASE.
MUST BE PLACED 2 WEEKS IN ADVANCE OF THE EVENT
TO ENSURE PROPER SERVICE.**

Once request is received, you will receive a confirmation notice in your voice mail.

NAME: _____ PHONE #: _____ DATE: _____

EVENT: _____

LOCATION: _____

DAY(S) OF EVENT: S M T W T F S DATE(S) OF EVENT: _____
(PLEASE CIRCLE)

TIME(S) EVENT BEGINS: _____ TIME(S) EVENT ENDS: _____

EQUIPMENT NEEDED: _____

PLEASE USE THIS SPACE OR REVERSE SIDE TO DIAGRAM SET-UP:

[Empty box for diagramming set-up]

*Questions? Please contact the Housekeeping Department using
voice mail at extension 5819. Your call will be returned.*

OFFICE USE ONLY:

Date received: _____ Date confirmed: _____ Time confirmed: _____

Confirmation notice voice mailed to: _____

Person responsible for confirmation: _____

Person responsible for set-up: _____