

Shell Space - Storage Request Form

Requesting Department: _____ Submittal Date: _____

Name of Responsible Person: _____

Email Address: _____

Phone Number: _____

Please indicate the building and space where the storage will be located

UK Building Name: _____ UK Building #: _____

Shell Space Room #: _____

Please give specific information on the type of items, number of items, and the length of time necessary for storage.

Type/Name of Item	Number of Items	Length of Time Requested
Reason for storage request		

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The items noted above have been reviewed and approved for storage in the shell space indicated. The contact person shall be responsible for removing the listed items on or before the date indicated and informing the UK Fire Marshal's Office.

Greg Williamson – University Fire Marshal_____
Date