

**UNIVERSITY OF NEVADA, LAS VEGAS
REQUEST FOR BUILDING USE**

Date: _____

Use separate forms for each building. Multiple rooms in the same building may be requested on one form.
Please provide all information to insure proper handling.

Building requested: _____ Room or Area _____

Nature of function _____
Be specific (type of test or nature of meeting, etc.)

Number expected to attend _____

Date requested _____ From _____ To _____
Day of week/month-day-year Time (specify a.m. or p.m.)
Include set-up and take-down time.

Date requested _____ From _____ To _____
Day of week/month-day-year Time (specify a.m. or p.m.)

Date requested _____ From _____ To _____
Day of week/month-day-year Time (specify a.m. or p.m.)

If requesting the same day(s) of the week, for more than one week, please state starting and ending dates.
Please turn in a new request prior to the beginning of the semester.

Special Requests _____

Organization _____

Name of Applicant: _____ Work Phone: _____
(person who will be on site during the event)

Campus plus-4 mail code _____

Signature: _____

Home Phone: _____

Department Head: _____
(or faculty advisor)

Phone: _____

Email Address: _____

Signature: _____

APPROVALS:

Registrar's Office/Facility Director

Facilities Management

Distribution:
Registrar's Office/Facility Director
Applicant
Campus Police
Facilities Management

Charges: \$ _____