

CEAE

SERVICE REQUEST

Lab/Research Safety, Design, & Fabrication. Office/Lab Repairs & Improvements. Fac Man Liaison.

Today's Date: _____

Contact Name: _____ Cell Phone: _____

Email: _____

Faculty/Staff Name _____ Speed Type: _____

Project Location: _____

Description of work. (Be specific.)

Best time to work in space: _____

Target Completion Date: _____

Please send this request form to:

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303.345.3645

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