

Space Planning Request Form



Please complete and return along with any relative documents/sketches

Date Submitted: _____ Date Required: _____ # of Offices/Workstations _____
Dealer Name: _____ OED Representative: _____
Contact Name: _____ Dealer City: _____
Project Name: _____ Contact Phone: _____

Please select which manufacturer and series you are specifying for your project:

Allseating _____	Indiana Furniture _____
Artopex _____	Magnuson Group _____
Berco _____	Mayline _____
CCN _____	Safco _____
Egan _____	Tenjam _____
ESI _____	

Is this a bid? GSA _____ State Contract _____

When is the project expected to install: _____

Offices

Layout

U-Shape _____ L-Shape _____

Storage

BBF _____ FF _____ Lateral _____ Hutch _____ Other _____

Accessories

Tackboards _____ Tasklights _____ Keyboard Tray _____ Monitor Arm _____

Fabric Grade _____

Seating

Task _____ Guest _____

Lounge _____ Single _____ Love Seat _____ Sofa _____

Fabric Grade _____

Notes:
