

# Space Planning Request Form



Please complete and return along with any relative documents/ sketches

Date Submitted: \_\_\_\_\_ Date Requested: \_\_\_\_\_ # of Offices/ Areas \_\_\_\_\_  
 Dealer Name: \_\_\_\_\_ OED Representative: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Project Name: \_\_\_\_\_ Dealer City/ State: \_\_\_\_\_  
 Select Contract:  Commercial  GSA  State (Specify State): \_\_\_\_\_ Other: \_\_\_\_\_

**Reminders:**

Include Cad File, if available. If no Cad file is available, please include dimensions of space or product.  
 Include drawing sketch / typical  
 Custom Products:  Yes, to be requested if necessary  No, use closest standard product  
 Y  N Rendering (may extend lead time) - Finish selections required (Cannot show specific edge/pulls)

**Manufacturers Represented:**

All seating - Artopex\*- Bercó - CCN - Claridge - ESI - Indiana Furn - Magnuson Grp - Maxon\*- Safco - Woodstock  
 \*For Artopex & Maxon, please fill out the space plan form directly from the manufacturer.

**Casegoods (Please indicate any grommet locations, power needs, or accessories on sketch)**

Manufacturer & Series: \_\_\_\_\_ Surface Material:  TFL  HPL  Veneer  
 Finish Selections: \_\_\_\_\_ Pull Style/Color: \_\_\_\_\_ Edge Style: \_\_\_\_\_  
 Tackboard Fabric Grade: \_\_\_\_\_ Mill: \_\_\_\_\_ Pattern/Color: \_\_\_\_\_

**Seating (Please note any options to be specified, such as arm, back, base style, chair functions, finishes, etc.)**

	Fabric Grade
Task - Manuf & Series: _____	
Guest - Manuf & Series: _____	
Conference - Manuf & Series: _____	
Lounge - Manuf. & Series: _____	
Breakrm Chair/ Stool - Manuf & Series: _____	

**Tables (Please note any options to be specified, such as base, edge style, Power needs, Finishes, etc.)**

Conference - Manuf & Series: \_\_\_\_\_ Surface:  TFL  HPL  Veneer  
 Training - Manuf & Series: \_\_\_\_\_ Surface:  TFL  HPL  Veneer  
 Break Rm - Manuf & Series: \_\_\_\_\_ Surface:  TFL  HPL  Veneer  
 Occasional - Manuf & Series: \_\_\_\_\_

**Other Items**

Manufacturer & Series: \_\_\_\_\_

**Notes:**

\_\_\_\_\_

\*Product will be quoted in the lowest finish grade & basic model if not specified otherwise.

\*\*Please use additional space plan form sheets if needed for multiple areas.