



FACILITIES MANAGEMENT, CAMPUS PLANNING & OPERATIONS

Office Move Request Form

REQUESTOR INFORMATION

Department

First Name

Last Name

Title

CONTACT INFORMATION- MOVING INDIVIDUAL

Name (leave blank if same as above)

Four Digit Ext.

Building, Suite/Room Number

MOVE INFORMATION

From: Building, Suite/Room Number

To: Building, Suite/Room Number

Date of Move

Reason for move

Move details/specifications

_____ Number of boxes _____ Number of Desks _____ Number of Chairs _____ Number of Cabinets

List any other items

☐

Computer

☐

Phone

☐

Printer

APPROVALS

Department Chair/AVP/VP

Signature

Date

Facilities Management

Signature

Date



FACILITIES MANAGEMENT, CAMPUS PLANNING & OPERATIONS

Office Move Request Form GUIDELINES

- All requests for office moves or space reconfigurations must be submitted via email to Facilities Management at least two weeks in advance.
Any requests submitted later might be delayed.
CampusPlanning@mec.cuny.edu FacilityM@mec.cuny.edu
- Approvals from Facilities Management Director and Chief Information Officer are required for all moves.
- Please be sure to pack, label and list all items to be moved.
- Labels should include your name and location where the item will be moved to.

BUILDING KEY

A Academic Building 1

1638 Bedford Avenue

B Bedford Avenue Building

1650 Bedford Avenue

C Carroll Street Building

1150 Carroll Street

CP Portables

Entry through 1150 Carroll Street

E Eastern Parkway

1534 Bedford Avenue

S School of Business and Student Services

1637 Bedford Avenue

If you have any questions please Contact Us:



FacilityM@mec.cuny.edu