

Facility Services

INTERIOR SIGNAGE REQUEST

Date of Request: _____

Requesting Faculty/Department: _____

Contact Person: _____ **Ext.** _____

Building Location for Sign: _____

Floor: _____ **Room Number:** _____

Type of Sign	Quantity	Sign to Read
5" x 2" Room Number		
10" x 2" Occupant Nameplate with STAX Holder (door or wall mount)		
STAX Holder ONLY		
10" x 2" Occupant Nameplate with Desktop Holder		
10" x 1-3/4" Occupant Nameplate ONLY		
16" x 5" Room Identification		
Interior Wayfinding Board (Listing Departments or Rooms with arrows)		
Internal Building Directory		
Special (must be approved by Facility Services)		

Services Requested (Please check where applicable)

Budget Estimate

Construction/Implementation

Expected Completion Date: _____

APPROVALS:
Administrative/Department Head: _____

FUNDING APPROVALS:
Full Account Numbers(s) funds will be sourced from: _____

Approved Budget: \$ _____

Administrative/Department Head: _____

Submit Form To: FAC-Admin@uwindsor.ca

If there are any questions while filling out the form, please contact Danielle Lenarduzzi at ext. 2852