

Real Estate Document Request Form

Projects Exceeding \$10,000



Requestor Information

Name		Date	
Department ID		Phone	
Email		Dept. Chair/Director	

Building Information

Building Address			
Suite		Building Number	

Project Information

Description			
Completion Time Frame			
Contractor Work Hour Restrictions			
Amount Funded (Construction Only)		Not-to-Exceed Cost	
Scope of Work	Attached	Drawings	Attached

Contact Information

Landlord Construction Representative			
Contractor Information	Name		
	Phone		
	Email		

Please return completed form to Ashley Krueger via email to: akru@med.umich.edu