

Customer Work Request

Please fill out the following form to submit a work request to the Facilities Management Work Control. For Emergencies, please call (405) 744-7154.

Contact Information	
Contact Name*	<input type="text"/>
Contact Phone*	<input type="text" value="405-744-5460"/>
Contact Email*	<input type="text"/>
Division*	<input type="text" value="10 - GENERAL UNIVERSITY"/>
Organization*	<input type="text" value="100182 - FSS-SIGNS"/>

Location Information	
Select Region*	<input type="text" value="OSU-STILLWATER"/>
Select Area*	<input type="text" value="CENTRAL CAMPUS"/>
Select Building*	<input type="text" value="FACILITIES MANAGEMENT NORTH"/>
Select Floor	<input type="text" value="--Select Floor--"/>
Select Room	<input type="text" value="--Select Room Number--"/>

Request Information	
Select Problem	<input type="text" value="A FRAME ADVERTISEMENT !"/>
Desired Date	<input type="text"/>
Do you have alternate funding?	<input type="text" value="No"/>
Alternate Funding	<input type="text"/>

Request Description
A-frame (Organization, Title of artwork, or Event) (Display Dates Example: Oct.23-Nov.6) Location (By Number: 1,2,3,4,5,6,7,8,9,10) (Preferred Alternate Location By Number)

Please use A-frame Description format shown here.

Upload You're A-frame artwork here.

Request Attachment
Attachment is required for problem code.
<input type="button" value="Choose File"/> No file chosen

Submit Request