

Event Request in State Owned Buildings

State of Alaska

Department of Transportation and Public Facilities, Division of Facilities Services

Requestors are responsible for completing this form when requesting to schedule an event in a state owned building. Written approval is required prior to event scheduling.

Name of Event: _____
 Organization Name: _____
 Contact Name: _____
 Work Phone: _____ Other Phone: _____
 Date(s) of Event: _____ Time of Event: _____
 Estimated Number of Attendees: _____

Description:

Special Requirements:

Will food be provided at the event? Yes No
 Will alcohol be provided at the event? Yes No
 Certificate of Insurance provided? Yes No

STATE APPROVALS

Facilities Manager

Risk Management

FACILITIES CALL CENTER

Initial

Scheduled/Calendared: _____
 Work Order Processed (as needed): _____
 FCC Supervisor Approval: _____
 Approval Provided to Requestor: _____

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