



OFFICE MOVE REQUEST FORM

Department _____

First Name _____

Last Name _____

Title _____

CONTACT INFORMATION

Name (blank if same as above) _____

Four Digit Ext. _____

Building, Suite/Room # _____

MOVE INFORMATION

From: _____

To: _____

Requested date to move _____

Reason for Move _____

Move Details/specifications _____

of boxes # of Desks # of Chairs # of Cabinets

List any other items _____

lewelyn.oliver1@dph.ga.gov

IT EQUIPMENT

Computer Phone Printer

tamika.jackson8@dph.ga.gov

AVAILABLE CONNECTIONS

Phone Network Power

APPROVALS

FCBOH Director Signature: _____

Date: _____

District Administrator Signature: _____

Date: _____

Facilities Director Signature: _____

Date: _____

IT Director Signature: _____

Date: _____