|  |  |  |
| --- | --- | --- |
| **REQUEST FOR BUILDING NUMBER** | Project No.: |  |
|  | Date: |  |

Instructions: Complete all information (except Assigned Building No.) below. Forward completed form and a sketch, site plan or marked-up Key Plot Plan indicating the location of the building on the Facility property to: ogs.dl.OGSBuildingNumberRequest@ogs.ny.gov

The Building No. will be as recorded on this form and returned to the requester. The requester should then file a copy of the completed form in the electronic project folder. A copy will be forwarded to OGS Statewide Capital Assets and the Agency Contact. The requester shall update the Key Plot Plan.

|  |  |  |
| --- | --- | --- |
| Project Title:*(if applicable)* |  | **Assigned Building No**. |
| Agency: |  |  |
| Agency Contact: |  |  |
| Email: |  |  |
| Facility Name: |  |  |
| Facility Address: |  |  |
| City / State / Zip: |  |  |

**Building Information (for Fixed Assets Inventory):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Building Name: |  | Stories: |  | Sq. Ft.: |  |
| Construction Type:(masonry, steel, etc.) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Requested by: |  | Business Unit: |  |
| Telephone: |  | E-Mail: |  |

Distribution: Agency Contact

 OGS Statewide Capital Assets

 BUL

 Team Leader