



**COVID-19 SIGNAGE REQUEST FORM**

Date: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

*Fill out for alternate contact and/or delivery location*

Contact Person: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Deliver to:  
Campus: \_\_\_\_\_  
  
Building: \_\_\_\_\_  
  
Room: \_\_\_\_\_

Deliver to:  
Campus: \_\_\_\_\_  
  
Building: \_\_\_\_\_  
  
Room: \_\_\_\_\_

<b>Signage Request Description</b>	<b>Quantity</b>
<input type="checkbox"/> 6-Foot Social Distancing Markers	_____
<input type="checkbox"/> Social Distancing Markers	_____
<input type="checkbox"/> Covid Classroom Signage	_____
<input type="checkbox"/> Face Covering Signage	_____

Once completed, send as an attachment via e-mail to [FIX.IT@slcc.edu](mailto:FIX.IT@slcc.edu) for approval.  
In the email subject line note: Covid19 Signage Pending - (add your department name requesting)