



Lighting Color Change Request Form

Date: _____

Campus: _____

Contact Person: _____

Building: _____

Contact phone: _____

Room: _____

Contact email: _____

Index: _____

Department: _____

Reason for needing lighting color change:

For ADA accommodations, contact (801) 957-4722. Approval will be issued by Human Resources ADA personnel.

Work Request (if this is checked, you authorize that you have obtained approval from your BCM. Work will be billed to index provided above)

BCM Approval:

Budget Center Manager Name: _____

Lighting Options

- Standard Basic White Lights 4000K
- Yellow-ish Lights 3500K
- Blue-ish Lights 5000K
- Other Arrangements, provide examples below:

Submit completed form as an attachment to fixit@slcc.edu

FACILITIES USE ONLY

Authorization required by Facilities Senior Director

Signature _____ Date _____