

# Resource Allocation Permit

**This Permit is valid for 6 months from date of issue. At the end of the 6 months the resources will become available to others.**

**Use additional Pages if needed**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Requested completion date: \_\_\_\_\_

Door Number: \_\_\_\_\_

Resource Requested: \_\_\_\_\_

## Information Required

Indicate what resource you wish to reserve (i.e. fiber, floor space, wall space). Also, include all relevant information like power requirements, BTU output of equipment, environmental parameter requirements. To scale plans of exactly where you wish to reserve must also be provided

The OT Engineer(s) will evaluate your request for availability of resources. We may ask for additional information if needed for evaluation of request.

*Applicant shall review Section 3, part 7 Services prior to request and agrees to all stipulations of the permit process*

## BELOW THIS LINE IF FOR OT USE ONLY

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### Request reviewed and incompliance with OT Standards

\_\_\_\_\_  
Mr. Dwayne Abrams  
PDS Administrator

\_\_\_\_\_ Date \_\_\_\_\_ Yes \_\_\_\_\_ No

Effective Approval Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_