

FACILITY USE REQUEST

- | | |
|--|---|
| <input type="checkbox"/> Deep Tank | <input type="checkbox"/> Wave Basin |
| <input type="checkbox"/> Stratified Flow Channel | <input type="checkbox"/> Temp./Press. Calibration |
| <input type="checkbox"/> Pressure Vessel | <input type="checkbox"/> Granular Fluids Basin |
| <input type="checkbox"/> Glass Channel | <input type="checkbox"/> Wind/Wave Channel |
| <input type="checkbox"/> Miscellaneous Tanks | <input type="checkbox"/> Shop and Ancillary Equipment |
| <input type="checkbox"/> Oscillatory Flow Tunnel | |
| <input type="checkbox"/> OAR Pressure Facility | <input type="checkbox"/> Other _____ |

Title or description of experiment or use: _____

Principal Investigator: _____ Phone: _____ E-mail: _____ Mail: _____

Researchers: _____ Phone: _____ E-mail: _____ Mail: _____

_____ Phone: _____ E-mail: _____ Mail: _____

Business office contact: _____ Phone: _____ E-mail: _____ Mail: _____

Index number (or thesis): _____ FAB _____

Researcher, to reserve a facility, fill out all applicable information and requested use dates. Send to C. Coughran, 0222 (x40594). At end of experiment, complete actual use column for billing.

	Requested	Actual	Business Office Use	
Begin/End Dates			Rate	Extension
Facility Use Days				

Auxiliary Requirements: _____

SIGNATURE

DATE

Use other side of paper to sketch or add useful information such as modifications or equipment to be designed, special utilities, etc.