

Facility Dept. List

Page	of	

Facility Name / Location:

Floor	Dept. Name	Dept. Contact Name	Dept. Contact e-mail	Dept. Contact #

I hereby verify that the above is a complete list to the best of my knowledge and belief of all the departments that will require installation. I understand that BKR will not be held responsible for departments outside of this list. If additional departments are later discovered, I understand that BKR will only convert these departments if supplies and time permits.

Signature - Facility Project Coordinator	Print Name	Date