

STORAGE SPACE REQUEST

Allocations Board

Part A: Group and Contact Information

Group Name:

Group Email:

Contact Person Name:

Contact Person Email:

Part B: Conditions of Use

- Student groups that store items in the storage space do so at their own risk. Boston University is not responsible for the loss or damage of items stored in the storage space.
- Filling out this form does not guarantee that the student group will receive space. If the requests for space exceed availability, groups will be placed on a waiting list for that semester.
- Groups must turn in this form in person, either to an Allocations Board Member or to an Activities Assistant.
- This form does not serve as a request for funding for items to be stored.
- Student groups must notify the Allocations Board of the contents of their storage space, including changes made to the contents in the future. Student groups may only store items approved by the Allocations Board.
- Student groups that wish to keep their storage spaces, or their places in the waiting list, must fill out this form every semester, and turn it in to the Allocations Board by the funding deadline in that semester.
- Student group members may enter the storage space only for the purpose of checking-in, checking-out or inventorying items. Keys may be obtained at GSU Operations, on the 2nd floor of the GSU. Student groups must fill out the Storage Space Entry Log every time they enter the storage space.
- Storage space that is allocated to a student group and left empty will be reallocated to another student group.
- The Allocations Board reserves the right to alter or revoke the storage space allocated to a student group at any time, for any reason, without prior notice.

I have read and understand the conditions of use:

Signature:

Position:

Date:

Part C: Storage Request

Check One:

☐

This is a request for new storage space

☐

This is a renewal request to keep current storage space

Description of items to be stored, including serial numbers, sizes, weights and costs:

If the above space does not suffice, please attach further descriptions.

Office Use Only:

Received By: _____ Date: _____ Time: _____ Space Allocated: _____

Part D: Access List

Group Name:

- Please provide a list of the members of the group who will require access to the storage space.
- This page must be printed on a different piece of paper than the last page.
- If the number of people requiring access exceeds the number of spaces, please submit a second copy of this page with the rest of the names.
- Any time the list of people who require access changes, this page must be resubmitted to the Allocations Board by one of the members of the group's executive board.

Name: UID#:

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Name: UID#:

Office Use Only:

Key Number: _____ Lock Combination (if applicable): _____ - _____ - _____