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| --- | --- |
| **Building name and number** |  |
| **Requester name and contact details** |  |
| **Areas requiring air conditioning** |  |
| **Reason for installation/replacement** |
| **Have alternative solutions been investigated e.g. Natural ventilation, mechanical ventilation etc****Please state below reasons for not using these**  |
| **Has planning permission been obtained – FOR THIS INSTALLATION?** **If yes please attach** | **Yes** | **No** |
| **Have the ES electrical section approved the connection to the electrical system?****If yes please attach** | **Yes** | **No** |
| **Has a quotation already been received?****If yes please attach** | **Yes** | **No** |
| **Note;** **Remedial works in the first year must be carried out under warranty which will be the responsibility of the department. The department is responsible for the maintenance of process cooling systems.** |
| **Any queries on any issue then please use contact details below. Once this form is complete please send to:-****Estates Services****Oxford University****The Malthouse****Tidmarsh Lane** |

Estates Services – Application for the installation of new air conditioning system/s