



DISPLAY SITE INFORMATION SURVEY FOR STATE FACILITIES

Department: _____ Date: _____

Agency: _____ Phone: _____

Mailing Address: _____ Bldg: _____

_____ Rm. #: _____

Email Address: _____

Name and title of office representative in charge of selecting & supervising of art:

Phone: _____

Primary function of office/room (type of business conducted):

Number of daily visitors: _____ Number of employees: _____

OFFICE SPACE: No. of rooms: _____ Ceiling height: _____
Hanging provisions: _____ yes _____ no Air conditioned rooms: _____ yes _____ no

Wall composition: drywall _____ concrete _____ wood _____ plaster _____ other _____
Color of: Walls _____ Rug/floor _____ Furniture _____

→ Please include a floor plan or a sketch of a floor plan indicating location of furniture and configuration of the office space(s) for which works of art are desired. An architectural drawing or fire evacuation plan that depicts your office layout can also be submitted.

→ Please note if your office is going through any physical changes such as: moves, renovations, painting etc. Please provide details of what is planned and date of change:

FOR SFCA USE ONLY

site #	serial #	site grade
_____	_____	_____
_____	_____	_____