

ART PLACEMENT REQUEST | Public Space



FOR ART FROM THE UNIVERSITY PERMANENT COLLECTION

Your name _____ Date _____

Phone _____ FAX _____

Department _____

Department/Unit supervisor _____

Building/Location _____

REQUEST

- Remove the current artwork Replace the current artwork Artwork needed

DESCRIPTION

Please check the boxes that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Very secure | <input type="checkbox"/> Somewhat secure | <input type="checkbox"/> Not secure |
| <input type="checkbox"/> Vertical space | <input type="checkbox"/> Horizontal space | <input type="checkbox"/> Open area/free-standing (such as a sculpture) |
| <input type="checkbox"/> Painted wall | <input type="checkbox"/> Brick wall | <input type="checkbox"/> Other _____ |

Additional comments _____

DRAW THE SPACE

(must include dimensions in inches.)

PLEASE NOTE: The Art Placement Committee meets on a quarterly basis and will respond to your request sometime during the quarter that follows a meeting.

RETURN TO: Patricia Cheyne, Art Department Chair, UC680.

QUESTIONS? E-mail cheynep@pacificu.edu or call 503-352-2730.

SPACE/USE COMMITTEE NOTES ONLY

- Contact made Date/time appointed to view space _____ your initials _____
- Artwork placed Painting Sculpture Other _____

Name of artist _____

ADDITIONAL NOTES

