WESLEYAN UNIVERSITY OFFICES OF PHYSICAL PLANT & RESIDENTIAL LIFE

MURAL REQUEST FORM

SMALL SCALE, DETAILED DRAFT OF MURAL MUST ACCOMPANY THIS FORM NAME/ADDRESS OF PERSON MAKING REQUEST:	
LOCATION OF MURAL (Please be specific in r	regards to location and size):
*PROPOSED START DATE:	DURATION OF PROJECT:
LIST ALL MATERIALS THAT WILL BE USE	D:
PLEASE READ THE I	FOLLOWING BEFORE SIGNING:
I understand that I must stick to the proposed design I understand that I am responsible for providing my	n and timeline. Town supplies and that I can only use water-based paints, no other
materials can be used.	
I understand that I must leave a border on the top ar and that not more than 50% of wall space in a given	nd bottom of the mural, no less than 1 foot, which cannot be painted,
	elean, and all materials will be removed when not working on the
I understand that I am financially responsible for an	
I will obey all fire code regulations as noted in the T	
I will ensure that all extra paint and paint cans are to I will sign and date the mural.	disposed of through the Office of Environmental Health and Safety.
I understand that the mural must be completed by Ja	
I understand that the mural must include completion	n date, and may be removed by the University at any time.
STUDENT SIGNATURE:	DATE:
APPROVED BY:	
**Area Coordinator:	
	DATE:

Facilities Manager:

DATE:

An approved copy of this proposal should be given to the student responsible for the mural. The original will remain with the Facilities Manager.

^{*}Please allow two weeks for the administrative approval process.

^{**}The Residential Life staff member has determined that the majority (51% or greater) of the community approves of the proposed design for common wall space.