



Facilities Assessment and Planning

Personal Information

Miss Mrs. Ms. Mr. Dr.

First Name: _____ Province/State: _____

Last Name: _____ Country: _____

Organization: _____ Postal/Zip code: _____

Title/Position: _____ Web Site: (if applicable): _____

Address: _____ Telephone: _____

_____ Fax: _____

City: _____ E-mail: _____

Organization Type (see Client Categories on the CCI Web site): _____

Request Information

Describe the nature of this assessment: _____

Facility Details

Address of facility: _____

Describe the facility, including details about the nature of the collection and size (square metres):

Does the facility have a heritage designation? Yes No

If yes, please specify: _____

Significance – What is the significance of the facility and/or collection? (Attach copies of pertinent literature or documentation with this form.) _____

Purpose of Request – Describe the anticipated benefits and uses of the results of this assessment: _____

Key Request Dates – Requested completion date: _____

You may attach supporting documents or images, such as long-range development plan or business plan.