

University of Tennessee Property Report (T-100)

Please send this form and a digital photo of the new facility or addition to jclark6@tennessee.edu.

Building Name										
Agency/Department										
Division (UTK, AG, Vet Med, etc.)										
Location		Address							T	
	City			State		Zip code		County		
		Gen	eral Bui	ilding	Inforn	nation				
Yr Construction Complete	e			C	,					
Building Value	\$				Conter	ts Value:	\$			
Building Height						Floors:				
Building Area			gross squ	are ft.	Elevati	on:				
Construction Information	1:									
Wall Construction:			Oth	er:						
Roof Construction:										
Floor Construction:	Construction:				Other:					
Occupancy:				Other:						
Heat Source:										
Alarm Systems: Alarm Installed: Ye	s	No	Ala	rm Ty	/pe:					
			Adv	vance	d Syster	n Type:				
Automatic Sprinklers:	Yes	No Sprinkler Type:								
			Oth	er:						
How will the facility be used?										
Contact Information:										
Name:										
Title:										
Phone:			_ Dat	e:						
Below is for Risk Manageme	ent use of	nly:								
Project #:	Project #: Division #:									
Location #:										