

Freezer Alley Storage Agreement

This agreement is for storage of ultra-low freezers in Freezer Alley, the T102J corridor. This agreement is between the UW Department of Health Sciences Academic Services & Facility (HSAS&F) and the below named Health Sciences department requesting storage space. **All fields are required.**

Department		Budget #
Department Administrator	Email	Work Phone
Primary Emergency Contact (Print Name)		
Email	Work Phone	Emergency Number
Secondary Emergency Contact (Print Name)		
Email	Work Phone	Emergency Number

Manufacturer	Model	Width (Inches)	Serial Number	UW ID#	Freezer # (BMO Only)

Date storage begins: _____ Estimated Length of storage: _____

THE FOLLOWING PARTIES agree to the terms of the attached Freezer Alley Storage Policy and the calculated cost of storage. The attached policy describes conditions of use, available utilities, HSAS&F responsibility, and fee structure. Signature acknowledges approval of storage fees and receipt of Freezer Alley Storage Policy.

Signature of Department Administrator

Date

Building Management Office Only

Storage Fee Calculation – based on total linear feet (lf) of occupied space:

Monthly Fee (Per Freezer) _____ ft. x \$5.00 per lf = \$ _____

Quarterly Fee (Per Freezer) \$ _____ x 3 months lf = \$ _____

Signature of Building Management Representative

Date