

APPLICATION

SITE INFORMATION

Name of Apartment Community: _____

Street Address: _____

City, State, Zip: _____

Apt. Community Phone #: _____ Apt. Community Fax #: _____

Email: _____ Office Hours: _____

Name of Person Completing Application: _____ Title/Position: _____

Property's Fully Qualified Occupancy Date: _____

TLC INFORMATION

How much space (sq. feet) is/will be dedicated to the TLC? _____

How many electrical outlets are/will be in this space? _____ Doors? _____ Windows? _____

How many telephone ports/DSL connections are/will be in the dedicated space? _____

Will you allow access to this center during non-supervised hours? Yes No

If yes, please describe how you will ensure the security of the equipment. _____

ITEMS REQUESTED

- Computer
- Printer
- Desk: Finish selection for TLC desk: _____
You may view finish options at <http://www.bush-furniture-online.com/Series+A.html>.
- Chair

DOCUMENT CHECKLIST

- TLC Floor plan (please note the proposed placement of equipment, doors, windows, etc.)

STATEMENT OF UNDERSTANDING & COMMITMENT

As the Owner, or representative thereof, of the Project named in this Technology Learning Center Application, I have read and understand the "Technology Learning Center Guidelines" and my responsibilities listed therein. I am committed to the implementation and administration of the TLC in my development.

Signature of Owner/Owner Representative

Date

As the Property/Site Manager of the Project named in this Technology Learning Center Application, I have read and understand the "Technology Learning Center Guidelines" and my responsibilities listed therein. I am committed to the implementation and administration of the TLC in my development.

Signature of Property/Site Manager

Date