

Request for Modular Systems Furniture (MSF)

Agency Information		Agency Contact Information	
Agency:		Name:	
Project Name:		Phone Number:	
Address:		Email:	
City, State, ZIP:			

Space Planner Information

RESO Project #:		Planner Name:	
Phone Number:		Email:	

MSF Information

Number of Workstations:		Number of Rooms:	
Percent of Facility already MSF:		Which Manufacturer:	

Installation information

Estimated Installation Date:		Will installation be in phases?	Yes	No
Estimated Occupancy Date		Is the lease signed?	Yes	No

Have space plans been completed? Yes No Is typical known? Yes No

Please indicate the MSF Request

(see [Panel Systems - CALPIA Store](#) for product information)

Compass MSF Galaxy MSF Legion MSF Reconfigure Space Planning Waiver

Additional comments/waiver justification

Accepts this project with: Compass MSF Galaxy MSF Legion MSF

Accepts conditionally, need: Space plan by: Purchase order by:

MSF Manager (916) 358-1739	Date	MSF Coordinator (916) 358-1740	Date

Waives this project on MSF Scope:

Products Management Specialist	Date

A CALPIA waiver for MSF is based on the scope provided on this request, if the scope changes and/or there is a change in the time-line of more than 90 days; a new MSF review is required. If CALPIA waived this project General State Agency Exemption Request (SAL-F001), is not needed.

Email form to msf.mailbox@calpia.ca.gov