



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	Street Address						
	City		State		Zip code		County

General Building Information			
Yr Construction Complete			
Building Value	\$	Contents Value:	\$
Building Height		Floors:	
Building Area	gross square ft.	Elevation:	

Construction Information:

Wall Construction: _____ Other: _____

Roof Construction: _____

Floor Construction: _____ Other: _____

Occupancy: _____ Other: _____

Heat Source: _____

Alarm Systems:

Alarm Installed: Yes No Alarm Type: _____

Advanced System Type: _____

Automatic Sprinklers: Yes No Sprinkler Type: _____

Other: _____

How will the facility be used? _____

Contact Information:

Name: _____

Title: _____

Phone: _____ Date: _____

Below is for Risk Management use only:

Project #: _____ Division #: _____

Location #: _____