

REQUEST FOR APPROVAL TO LEASE COMMERCIAL AND/OR OFFICE SPACE

Revised 01/08

PROPERTY OFFICER (AGENCY)

NEW RENEWAL

DATE OF REQUEST

TELEPHONE NO.

TERM OF LEASE FROM: _____ TO: _____

FLOOR ON WHICH SPACE IS LOCATED 1st _____ 2nd _____ 3rd _____ 4th _____ Other _____

		PRESENT	PROPOSED	ESTIMATED	INCLUDED	NOT INCLUDED
1 .	Work Area No. of Sq. Ft.					
2 .	Storage Area, No. of Sq. Ft.					
3 .	Reception Area, No. of Sq. Ft.					
4 .	(Add Items 1, 2 & 3) Total No. of Sq. Ft.					
5 .	Rate Per Sq. Ft. Per Annum					
6 .	Rent Per Annum					
7 .	Rent Per Month					

For items 8-14 check (✓) items included in rent.
If not included give estimated cost Per month for each one.

8 .	Light					
9 .	Water					
10 .	Air Conditioning					
11 .	Janitor Service					
12 .	Security Service					
13 .	Maintenance					
14 .	Relocation Cost					
15 .	Add Items (7-14) TOTAL COST PER MONTH	\$				

Check (✓) Yes or No if Applicable

YES NO

16 .	Assigned Parking Spaces		
17 .	OSHA Inspection		
18 .	Positions Budgeted		
19 .	Position Filled		
20 .	Positions Vacant		

Note:

21 . ADDRESS OF PROPOSED PROPERTY

22 . NAME OF LESSOR

23 . TELEPHONE

24 . ADDRESS OF LESSOR (MAILING ADDRESS)

25 . ADDRESS OF COMPARABLES

A.

B.

C.

26 . EXPLANATION (REFER TO ITEM NO.15 IF LOWEST RENTAL COST PROPERTY WAS NOT SELECTED GIVE REASON).

31 . DESCRIBE IMPROVEMENTS TO BE MADE AT COST TO LESSEE

32 . ACCOUNT NO. _____

MED. NO _____

TRANSFER VOUCHER NO. _____

FUND SOURCE FEDERAL LOCAL

33 . FOR WHAT PURPOSE IS THE SPACE REQUESTED?

34 . A). IS THE SPACE REQUIRED FOR MORE THAN TWO YEARS YES NO

B). IF YES, STATE WHAT PLANS ARE BEING DEVELOPED BY YOUR AGENCY TO INCLUDE REQUESTED SPACE IN A GOVERNMENT OWNED FACILITY?

35 . PROPERTY OFFICER OR PERSON PREPARING REQUEST

FOR DIVISION OF PROPERTY USE ONLY

SIGNATURE

DATE

REVIEWING OFFICER

DATE

DEPARTMENT OR AGENCY HEAD

ACTION TAKEN APPROVED

DISAPPROVED

SIGNATURE

DATE

APPROVING OFFICER

DATE