



REQUEST TO LEASE NEW SPACE

(Complete separate form for each location)

Instructions:

1. Requesting agency to complete all information below.
2. Compose email outlining request and pertinent information not solicited in form; attach any necessary documents.
3. Download form before obtaining signature of Department Cabinet Secretary (Form must be downloaded to accept signature).
4. Forward email and form to the Real Property Administrator.

A. CURRENT STATUS

| | | | |
|-------------------------------------|-----------------------------------|--|--|
| Current date (month/day/year) | | Name of requesting department / division | |
| | | | |
| Current address (number and street) | | | |
| | | | |
| City, state, ZIP code | | | |
| | | | |
| Current square footage | Current square foot lease rate | Does this rate include all utilities and services? | |
| | | | |
| Current lease expiration date: | List additional expenses, if any: | | |
| | | | |

B. STAFFING INFORMATION

| |
|---|
| Number of full-time employees including pay grades |
| |
| Number of casual/seasonal employees including pay grades |
| |
| Number of employees participating in a hybrid schedule/telecommuting |
| |
| Number of any other type of employees working out of your office and their titles |
| |

C. SPACE INFORMATION

| | | |
|--|----------------------------------|------------------------|
| Desired square footage | Desired term | Timeline requirements |
| | | |
| Proposed location | | |
| | | |
| Are there any other state agencies you need to be located nearby? Are there any restrictions on neighbors? | | |
| | | |
| Check the item(s) needed in the space: | | |
| Private offices | Number of offices _____ | |
| Cubicles/workstations | Number of cubicles _____ | Size of cubicles _____ |
| Hoteling area | | |
| Reception area | | |
| Lobby | | |
| Conference room | Number of conference rooms _____ | |

