



Type of Request: New Lease Renewal Re-negotiation Amendment

DEPARTMENT INFORMATION

Current Date (month, day, year)		Name of Requesting Department	
Requestor Name		Phone Number	
Email Address		Fax Number	
Location		Mailstop Code	

LEASE INFORMATION

Type of Property: Office Lab Residential Classroom
 Storage Land Other _____

Location Address

County	Lease Start Date
Desired Term (# of years)	Number of Renewal Options
Total Square Feet	Amount per Square Foot
Monthly Payment Amount	Total Contract Amount
Projected annual additional rent costs (utilities, janitorial, operating expenses, taxes)	Number of parking spaces required
Reason for Request (activities that will occur in this space)	

LANDLORD (LESSOR) INFORMATION

Company Name	
Contact name	
Address	
Telephone #	Email Address

FUNDING/BILLING

Expenses paid from	Campus Service To Maintain? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account # (Please list all account numbers used)	Budget Entity
Name of Department to be Billed	
Department Address for Billing	
Exceptions:	
<input type="checkbox"/> Utilities/Estimate _____	<input type="checkbox"/> Janitorial/Estimate _____
<input type="checkbox"/> Other/Estimate _____	Explain _____

SIGNATURE APPROVAL

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By _____	_____
	Department Chair/Director/Manager	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By _____	_____
	Dean/Director/Asst. or Assoc VP	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By _____	_____
	President/Provost/Executive Vice President	Date