

Lease Requisition Form

Date Submitted: _____ **Requesting Agency:** _____
Agency Contact: _____ **Phone:** _____
Move-In Goal Date: _____ **Rent Payment Business Unit:** _____

Please mark **one** of the following:

<input type="checkbox"/> Relocation* (moving from one location to another)	Square Feet Currently Leased: Square Feet Requested: City:
<input type="checkbox"/> New Space	Square Feet Requested: City:
<input type="checkbox"/> Expansion to Current Space	Square Feet Currently Leased: Additional Square Feet Requested: City:

Explain the circumstances that have caused the need for this space (i.e. federal grant, legislative bill, program expansion, etc.) Please attach documentation supporting this request.

Indicate fund(s) and program(s) used to support the cost of this proposed space.

Other relevant information or justification

Description of Space Required
 (If additional rows are needed, please attach a separate sheet)

Room Type (office, receptionist, break room, etc.)	Qty.		Ft ²		Total Ft ²
		@		=	
		@		=	
		@		=	
		@		=	
		@		=	
		@		=	
		@		=	
Subtotal Useable Footage²					
Estimated Circulation @ %					
GRAND TOTAL					

***If this is a RELOCATION, please provide the following information:**

Current Monthly Rental Payment \$ /mo

Full Service? Yes No

If not full service, what additional cost(s) is/are the agency's current responsibility?

- | | | | | | |
|---|----|------|---|----|------|
| <input type="checkbox"/> Parking | \$ | /mo. | <input type="checkbox"/> Lawn Care | \$ | /mo. |
| <input type="checkbox"/> Janitorial | \$ | /mo. | <input type="checkbox"/> Snow Removal | \$ | /mo. |
| <input type="checkbox"/> Electric | \$ | /mo. | <input type="checkbox"/> Maintenance | \$ | /mo. |
| <input type="checkbox"/> Gas | \$ | /mo. | <input type="checkbox"/> Cleaning Supplies | \$ | /mo. |
| <input type="checkbox"/> Sewer/Water | \$ | /mo. | <input type="checkbox"/> Remodeling | \$ | /mo. |
| <input type="checkbox"/> Trash Removal | \$ | /mo. | <input type="checkbox"/> CAM Charges** | \$ | /mo. |

**CAM includes any combination of the above services and is paid to the Lessor separate from rent.

Please confirm funds availability for the rental increase. Yes No

Provide the maximum monthly rent payment to include all costs listed above \$ /mo.

APPROVED:

Agency Director's Signature

Date