REQUEST TO LEASE OFF-CAMPUS SPACE

TO: Coordinator for University Properties

FROM: (User Department)

DATE: ______________

Purpose of Space: (e.g., office, classroom, laboratory, etc.)

Size of Space: (# of square feet)

Location: (If a building has been identified, list address, name of landlord and attach copy of the basic lease agreement.)

(If a building has not been identified, state general location area desired.)

Needed Features: (e.g., 1st floor only, extra-large room sizes, special requirements for electrical, lighting, water, parking, access, etc.)

Budget Range: (annual dollars)

Funding Source: ________________

Approved by: ________________

Lse-spc.form