

SPACE LEASING REQUEST FORM

(To be completed by UT Department requesting space and returned to the Campus Real Estate Office)

Department

Program Name

Department Contact

Extension

Email

Program Information

1. Please describe the program:
2. Is this request for relocation of an existing program? If so, where is the program currently located?
3. Is this request for a new program? *No* *Yes*
4. Is this request for expanding an existing program? *No* *Yes*

Early Approvals

5. Have the program, budget, and lease been approved by the responsible Vice President?
No *Yes*

Brokers

6. Have any outside brokers been contacted at this point?
*No** *Yes (please complete the following)*

Broker Name and Firm: _____

Phone: _____ *Email:* _____

** If you have not, please do not contact a broker.*

Size and Type of Space

7. What is the (approximate) amount of space needed? _____ s.f.
Please attach a proposed space/furniture plan, if available.
8. What is the function and purpose of the space needed?
Administrative Offices _____ s.f.
Lab Space – Research _____ s.f.
Lab Space – Computer _____ s.f.
Instructional Space _____ s.f.
Storage _____ s.f.
Other _____ s.f.
9. What type and quality of space is desired?

Location

10. What is the preferred location for the space?

11. Has the department determined a specific location/facility?

No

Yes (please complete the following)

Building/Facility Name: _____

Building/Facility Address: _____

Term

12. What length of term
will be required:

Account

13. What account number will be used for lease payments? _____

Hours of Operation

14. Will operations require regular access to and/or use of the space outside regular business hours (8 AM to 5 PM)?

No

Yes _____

Parking

15. What parking will be necessary?

Employee parking _____ *spaces*

Student parking _____ *spaces*

Guest parking _____ *spaces*

Other _____ *spaces*

Utilities

16. Please list any special utilities needed:

Other Requirements

IT

17. Any out-of-the-ordinary computer
or phone system requirements?

Transportation

18. Any special transportation
requirements?

Special

19. Any other special requirements?

Rate

20. Budget limitations per year: _____

Timing

21. What is the desired occupancy date for the space? ____/____/____

22. Comments:

Expansion Capability

23. Is there a possibility that additional space will be needed?

No

Yes. Approx. _____ s.f.

When: _____

APPROVALS:

Department Director

Date

Vice President

Date