

REQUEST TO LEASE SPACE OFF-CAMPUS

Departmental Information

Contact Person: _____ Date: _____
Email : _____ Department: _____
Bldg, Room No: _____ Phone #: _____ MC: _____ Fax: _____

Location / Lease Information

Type of Space Required: _____
Address of desired space: _____
Length of Lease (# of Years): _____ # of Renewal Options: _____
Total Square Feet: _____ \$ per square foot: _____ Lease begin date: _____
Reason for Request: _____

Lessor Information

Company Name: _____ Contact Name: _____
Address: _____
Phone # _____ Email: _____

FSU Funding Information

Department # _____ Account code: _____ Project code: _____

The department listed above has checked with the Office of the Provost to ensure there is no space available on-campus to meet this space need. _____

Office of the Provost

Date

Leasing Manager has checked with Planning and Space Management for possible state owned space _____

Signature Approval

Department Chair / Manager / Director

Date

Dean / Director / Asst or Assoc VP

Date

President / Provost / Vice President

Date