



Lease Space Questionnaire (Amendments)

Address of Current Lease: _____

Date: _____

Department Information

Department Requesting Renewal of Space: _____

Department contact: _____

Contact phone number: _____ Contact email address: _____

Authorized signer/ Facilities Director (print): _____

Facilities Director's signature: _____

Shortcode: _____ (____%) _____ (____%) _____ (____%)

Lease Extension yes no

Length of renewal (yrs): _____

Options: _____

Tenant Improvements Only yes no

Explain Tenant Improvements Requested:

Budget: \$ _____

Additional Square Footage Needed yes no

Amount of square footage needed: _____

Use: offices cubical other (explain: _____)

Any additional comments/concerns:
