



## Lease Space Questionnaire

### Department Information

Date: \_\_\_\_\_

Department Requesting Space: \_\_\_\_\_

Department contact: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Contact email address: \_\_\_\_\_

Authorized signer/ Facilities Director (print): \_\_\_\_\_

Facilities Director's signature: \_\_\_\_\_

Shortcode: \_\_\_\_\_ (\_\_\_\_%) \_\_\_\_\_ (\_\_\_\_%) \_\_\_\_\_ (\_\_\_\_%)

### Lease Information

#### Request for Leased Space:

☐ new space ☐ relocation ☐ additional space

Type of space: ☐ office ☐ clinical ☐ research lab (☐ wet ☐ dry) ☐ storage

Length of lease (yrs): \_\_\_\_\_ Options: \_\_\_\_\_

Anticipated Occupancy date: \_\_\_\_\_ Square Footage: \_\_\_\_\_

(For reference: <http://www.provost.umich.edu/space/guidelines/office.html#overview>)

Configuration of space: Number of offices: \_\_\_\_\_ Number of cubicles: \_\_\_\_\_

Open space: ☐ yes ☐ no

Conference room: ☐ yes ☐ no (if yes, how many? \_\_\_\_\_)

Special Ceiling Height: ☐ yes (\_\_\_\_ ft) ☐ no

Break room: ☐ yes ☐ no

Research area: ☐ yes ☐ no

Restrooms in suite: ☐ yes ☐ no

Handicapped needs (rest rooms, ramp, special parking)? ☐ yes ☐ no

Condition of space: ☐ as-is (no construction) ☐ tenant improvements

## General Information

**Special storage needs:** ☐ yes ☐ no (if yes, explain:\_\_\_\_\_)

**Elevator:** ☐ general visitor accessibility ☐ freight ☐ none

**Loading dock:** ☐ yes ☐ no

**Future growth possibilities:** ☐ yes ☐ no  
(if yes, explain:\_\_\_\_\_)

**Location:** ☐ near current UM location ☐ Central Campus ☐ North Campus  
☐ South Campus ☐ Medical Center Campus ☐ East Medical Campus  
☐ South of I-94 ☐ outside Ann Arbor (\_\_\_\_\_)

**Parking:** ☐ yes ☐ no (if yes, minimum and maximum spaces:\_\_\_\_\_)

**Environmental Issues:** ☐ yes ☐ no  
(if yes, explain:\_\_\_\_\_)  
(Example: hazardous chemical usage or waste generation)

**Special equipment:** ☐ yes ☐ no  
(if yes, explain:\_\_\_\_\_)

**Require UM Network:** ☐ yes ☐ no  
(if yes, who is your ITCS Project Manger:\_\_\_\_\_)

**If using UM phones, would you want to keep same number at lease space:** ☐ yes ☐ no

**UM/ AATA Bus service:** ☐ yes ☐ no

**UM Mail Service:** ☐ yes ☐ no      **Furniture:** ☐ new ☐ used ☐ none

**Estimated number of:**

**Staff**\_\_\_\_\_ **Phones**\_\_\_\_\_ **Faxes**\_\_\_\_\_

**Copiers**\_\_\_\_\_ **Common Printers**\_\_\_\_\_

**Signage:** ☐ yes ☐ no      **Locks:** ☐ U of M ☐ Landlord

**Janitorial:** ☐ yes ☐ no (if yes, how many times a week:\_\_\_\_\_)

**Additional Services:** Will you need? ☐ space designer ☐ movers

**Any additional comments:**