

**UNIVERSITY OF KENTUCKY REAL ESTATE SERVICES SPACE REQUEST FORM**

**Today's Date:**

**Request for leased space: which area is space requested for (check one):**

Athletics     Administration     Med Center     Provost     Research

**Complete with as much detail as possible, then, have the form signed by your dean and send completed form to: [lindsay.simpson@uky.edu](mailto:lindsay.simpson@uky.edu) or Real Estate Services, 824 Bull Lea Run, Suite 221, Lexington, KY 40511. Most answers to your questions can be found at <http://www.uky.edu/EVPFA/RealEstate/off-campus-leasing.html> .**

**Department Name:**

**Contact Person:**

**Phone#:**

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**Department #:**

**Date Occupancy desired:**

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1. Program or department to occupy space.

2. Describe the activities of the program/office to occupy the leased space. Provide details regarding type and number of employees.

3. The Clery Act requires that you include details regarding students (Undergrad, graduate, and professional) who will be using the space. Please include the number of students, the frequency, and purpose.

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4. Brief Description of Space Currently occupied: (include location, net assignable square feet, condition, etc)

5. Brief description of necessity for relocation of office/program:

6. Description of space required (please include **square footage**, special requirements, estimated cost of move and how funded:

SIGNATURES:

Signature of person completing form:

Signature of Dean or

Vice President of the Department:

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