

UNIVERSITY OF KENTUCKY REAL ESTATE SERVICES SPACE REQUEST FORM

Today's Date:

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

| | | | | |
|------------------------------------|---|-------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Administration | <input type="checkbox"/> Med Center | <input type="checkbox"/> Provost | <input type="checkbox"/> Research |
|------------------------------------|---|-------------------------------------|----------------------------------|-----------------------------------|

Complete with as much detail as possible, then have the form signed by your dean and send the completed form to: 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 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 (undergraduate, 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 it will be funded)

SIGNATURES

Signature of person completing form:

Date:

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Signature of Dean or Vice President of the Department:

Date:

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