

Lease No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Assigned by Leasing Office)

**(WV-14) REQUISITION FOR SPACE**

**AGENCY INFORMATION:**

Agency: \_\_\_\_\_ Department: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Agency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**PROPOSED LOCATION OF LEASED SPACE:**

Space Address: \_\_\_\_\_ Requested Date of Occupancy: \_\_\_\_\_  
 Space City: \_\_\_\_\_ County/State/Zip: \_\_\_\_\_  
 Building Name: \_\_\_\_\_ Floor and Room # (s): \_\_\_\_\_  
 Building Description: \_\_\_\_\_ (example:3-story brick building)  
 Leased Area: \_\_\_\_\_ (In square feet) Utilization as: Office \_\_\_\_\_ Storage \_\_\_\_\_ Communication \_\_\_\_\_ Other \_\_\_\_\_  
 Site Location: (if applicable) \_\_\_\_\_ (for tower or monitoring site)

Currently: Occupied \_\_\_\_\_ Unoccupied \_\_\_\_\_ Renovations Required: Yes \_\_\_\_\_ No \_\_\_\_\_ Floor Plans Attached \_\_\_\_\_

Would approval of this request require cancellation of an existing lease? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, lease # \_\_\_\_\_

**RENT AND TERM:**

Rental Amount: \_\_\_\_\_ (monthly)  
 \_\_\_\_\_ (annually)  
 \_\_\_\_\_ (per sq. foot)

Lease Term: \_\_\_\_\_ 1 years  
 \_\_\_\_\_ 2 years  
 \_\_\_\_\_ 3 years  
 \_\_\_\_\_ 5 years  
 \_\_\_\_\_ 10 years  
 \_\_\_\_\_ Other (specify)\*

**SERVICES PROVIDED:**

Service:  
 Water/Sewerage \_\_\_\_\_  
 Electricity \_\_\_\_\_  
 Natural Gas \_\_\_\_\_  
 Trash Removal \_\_\_\_\_  
 Snow Removal \_\_\_\_\_  
 Custodial Service \_\_\_\_\_  
 \_\_\_\_\_ Parking Spaces \_\_\_\_\_  
 Escalations: Yes \_\_\_\_\_ No \_\_\_\_\_

**Provided By:**

Lessor \_\_\_\_\_ Tenant \_\_\_\_\_  
 Lessor \_\_\_\_\_ Tenant \_\_\_\_\_  
 Lessor \_\_\_\_\_ Tenant \_\_\_\_\_  
 Lessor \_\_\_\_\_ Tenant \_\_\_\_\_  
 Lessor \_\_\_\_\_ Tenant \_\_\_\_\_  
 Lessor \_\_\_\_\_ Tenant \_\_\_\_\_  
 Utilities: \_\_\_\_\_ base year  
 Taxes: \_\_\_\_\_ base year

\*Maximum allowable is 40 years

**LESSOR (Property Owner) DATA:**

Lessor Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone:(\_\_\_\_\_)-(\_\_\_\_\_) - \_\_\_\_\_  
 City: \_\_\_\_\_ Fax: (\_\_\_\_\_)-(\_\_\_\_\_) - \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**LESSOR ORGANIZATIONAL INFORMATION: (Check One)**

\_\_\_\_\_ Corporation State Incorporated in \_\_\_\_\_  
 Name & Title of Signatory: \_\_\_\_\_ \*

\_\_\_\_\_ General Partnership Name of Signatory \_\_\_\_\_

\_\_\_\_\_ Limited Partnership Name of Signatory \_\_\_\_\_

\_\_\_\_\_ Individual Individual and Spouse \_\_\_\_\_

\_\_\_\_\_ Doing Business as Name of D.B.A. \_\_\_\_\_

\_\_\_\_\_ Governmental Entity Name of Signatory \_\_\_\_\_ \*\*  
 or other public authority

\*Note: Persons signing for a corporation who hold positions other than President or Vice-President must have written authorization from said President or Vice-President granting them signature authority.

\*\*Note: Approved meeting minutes from the board, city council, county commission, authority, etc. are required

I certify: 1) that the cost of rent and other expenses incurred for the space described herein shall be the full responsibility of this agency; 2) this space is required for the proper function of this agency; and , 3) that satisfactory space is not available on grounds or in buildings or facilities currently owned or leased by the State.

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_