



# REQUEST TO LEASE SPACE

State Form 202 (R5 / 8-01)

Instructions: Please type or print all information.  
Please include any necessary attachments.  
After signature of your Agency Personnel, please forward to the  
Indiana Department of Administration (IDOA), Leasing Section.

Type of request:

New Lease

Re-negotiation

Renewal

Amendment

## A. CURRENT STATUS

Current date (month, day, year)		Name of requesting agency / division	
Current address (number and street)			
City, state, ZIP code			
Current square footage	Current square foot lease rate	Does this rate include all utilities and services?	
List additional expenses, if any:	Current Executive Order 99-04 category		
Current expiration date			

## B. WHAT ARE YOU REQUESTING?

Desired square footage (If office space and in excess of 200 square feet per person guideline, attach a copy of a completed space justification formulary. If storage space, explain how you determined the square footage needed.)	
Desired term: (If in excess of 4 years, please attach a written request and justification.)	
Projected rental rate:	Projected annual additional rent costs: (utilities, janitorial, operating expenses, etc.)
Projected one time expense for such items as systems furniture, telephone / data, tenant improvements to be paid for by your agency.	
Projected move costs:	Projected Total cost:
Number of parking spaces needed:	Projected move date:

If you have already identified space, please attach an explanation as to how the property was identified, a 203 (Proposal for leasing space) with all relevant information including whether it's located in an area covered by Executive Order 99-04.

## C. STAFFING INFORMATION

Number of full-time employees and classifications
Number of part-time employees and classifications
Number of any other type of employees working out of your office and their titles

## D. APPROVAL

Agency Budget	Date (month, day, year)	Agency Leasing	Date (month, day, year)
IDOA, Leasing:			Date (month, day, year)