





**9. SPACE REQUIREMENTS:**

**TOTAL AMOUNT OF SPACE REQUESTED:** \_\_\_\_\_ sq ft

**This request must be signed by the three (3) individuals indicated below. Their signature certifies that sufficient funds are available in your department's budget for the rental obligations.**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*(Person in charge of occupying the space)*

**I certify that funds are available for the rental of office space at the above location for the listed annual rent.**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**I concur with this space request.**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*(Person authorized to sign leases for Department. If other than the Secretary/Head of the Department, written authorization must be on file with Facility Planning and Control – Real Estate Leasing Section)*