



# New Lease Request



## Requestor Information

Name	
Date	
Department ID	
Phone	
Email	
Dept. Chair/Director Name	

## Current Building/Space Information (If Applicable)

Building Number	
Building Address	
Current Suite	
SF Occupied	

## New Space Requirements

Desired Location	
Square Footage Required	
Funding Source	
Leadership Approval	
Shortcode(s) to be Charged	
Desired Move-In Date	
Business Case (reasoning for new space requirement)	
Improvements Required	

## Real Estate Use Only

Received By	
Date	
Comments/Notes	

Please return completed form to Ashley Krueger via email to: [akru@med.umich.edu](mailto:akru@med.umich.edu)