NEW LEASE REQUEST

Requestor Information	
Name	
Department	
Date	
Phone	
Email	
Corporate Officer Approver	
Shortcode(s) for Rent	

New Space Requirements	
Building Address or Desired Geographic Area	
Square Footage Required	
Desired Term Length	
Desired Occupancy Date	
Has a Service Now Ticket Been Submitted? If Yes, Provide Ticket Number	
Business Purpose for New Lease	

Please return completed form to Nicole Kirkman nkirkman@med.umich.edu