

LEASE REQUEST FORM

Texas Tech University Procurement Services

Department: _____

Department Contact: _____ Phone: _____

Purpose of Lease: _____

*Funding Account Number: _____

Estimated Monthly Rent: _____

Requested amount of square feet: _____

Requested zip code(s), area, or city: _____

Term of lease: _____ months. From _____ through _____

Option to renew: _____ times at up to _____ months each, with 180 days prior notice.

How many full-time employees will utilize your office at occupancy? _____

How many visitors or clients visit your office during an average day? _____

Utilities furnished by Lessor or Lessee? _____

Janitorial to be paid by Lessor or Lessee? _____

Parking required? _____ How many spaces? _____