



47 Trinity Avenue, S.W., Suite G02, Atlanta, GA 30334 (404) 656-5602 Fax: (404) 651-8084

Please submit this form to: SpaceManagement@spc.ga.gov

SPACE ACTION FORM

Date: _____

Fiscal Year: _____

TYPE OF SPACE ACTION:

SPC Lease:

- New
- Renewal
- Renegotiation
- Cancellation
- Other: _____

Primary Use:

- Administrative/Office
- Warehouse/Storage
- Classroom/Training
- Other: _____

1. FROM: (Requesting Agency/Division)

Agency/Division: _____

Address: _____

Agency Official: _____ Phone: _____ Email: _____

Local Contact/Agency Coordinator: _____ Phone: _____

2. CURRENT RENTAL INFORMATION:

SPC Lease #: _____

Address: _____ City & County: _____

Capacity: _____ Occupancy: _____ Total Sq. Ft: _____
(number of closed & open workspaces) (number of employees)

Annual Rent: _____ Annual Utilities*: _____ Annual Janitorial*: _____
*(*If not included in rent)*

3. LANDLORD ISSUES: (Please provide brief description and attach any related correspondence)

4. NEW LOCATION REQUIRED: (Please provide brief description)

City & County: _____ Occupancy Date Desired: _____

Projected Annual Rent Amount: _____ Projected Occupancy: _____
(number of employees on questionnaire/includes growth)

5. REMARKS OR ADDITIONAL COMMENTS:

REQUESTING AGENCY CERTIFICATION: I CERTIFY THAT THE SPACE REQUESTED ABOVE IS NECESSARY FOR THE PROPER FUNCTION OF THE AGENCY NAMED, THAT SUFFICIENT FUNDS ARE AVAILABLE, AND ALL NECESSARY APPROVALS HAVE BEEN OBTAINED.

Signature: (Authorizing Agency Level Official)

Date:

For SPC Use Only

Date Request Received at SMP: _____

SMP Control Number: _____

SMP Action Recommended:

- Assign State-owned or Leased Space (BLLIP review attached)
- Assign to Transaction Management
- Other Action: _____

Authorized SMP Agent:

Date: