



## Leasing Services Tenant State Agency Lease Renewal or New Lease Request Form

Department/ Agency: \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Alternate Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Director's Name: \_\_\_\_\_

Agency Administrator's Name: \_\_\_\_\_

### Budget Information

**Agency #:** \_\_\_\_\_

**Budget Acct#:** \_\_\_\_\_

**Appropriation Unit:** \_\_\_\_\_

*\*\*If you have multiple Budget Account #'s, Please complete Allocation Section Below \*\**

<u>Agency #:</u>	<u>Budget Acct#:</u>	<u>Appropriation Unit (CAT):</u>	<u>SF or (%) of Space Allocation</u>

Budget Analyst Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name & Address of Agency to be Billed for Rent: \_\_\_\_\_

*Moving costs, furnishings and data/telephone costs are required by the Budget Office for consideration of the Certificate of Funding.*

Estimated costs:

<i>Moving:</i>	\$
<i>Furnishings:</i>	\$
<i>Data/Tele:</i>	\$

Building Name (if state owned) and/or Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Number of Staff: \_\_\_\_\_

(Include Contracted Staff, Staff  
from other jurisdictions and interns)

\_\_\_\_\_

\_\_\_\_\_

### Agency Head Approval:

Signature of Director/ Administrator: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN FORM TO:  
PUBLIC WORKS DIVISION | LEASING SERVICES  
Leasingservices@admin.nv.gov**