



Real Property Intake Form

General Services Department
Real Property Division

Please provide a completed form to the Real Property Division, General Services Department. Please complete all blank fields. If non-applicable, add N/A. *In general, please allow an expected completion timeline of 2-6 months for all new requests. The completion date will be dependent upon Real Property Division's current workload as well as requested scope of work, project duration and any required approvals including approval by the BOS if applicable.*

Date of Request:	Department:	
Requestor:	Phone:	
Contact Person (if different from requestor):	Email:	

Section 1: Select Request Type

Request for Additional Space Needed

Complete section 2 below if requesting additional space

License Agreement

Lease (New, Renewal, Amendment)

65402 Request for Planning Hearing

Cell Site Maintenance or Agreement

Property Acquisition (Purchase)

Permit

Board Letter/CEQA

Property Mgmt. Request

Franchise Agreement

Property Disposition (Sale)

Easement

Closed Session Memo

Radio Comm Site

Road Vacation

Other/Undetermined

Brief description of project *if other than a request for new or additional space*:

Section 2: Detailed Description of Space Request

Note: If you are not requesting additional space, skip to Section #3 below

Description of space desired and intended use (e.g. number and size of private offices, open areas, work stations, storage needs, copies rooms, reception, interview/treatment rooms, lobby, conference rooms, training areas, break rooms, etc.). Attach other documents as necessary:

Briefly describe the program that will occupy the space and provide detailed justification why space is needed. If unused space is listed above, detail why this will not be used for this request:

Desired location (list Accessor Parcel Number (APN), street names and/or boundaries of desired area or attach a map with outlined boundaries):

Approximate square footage/acreage needed:

List all special needs, such as special security requirements, outdoor areas, etc.:

Is bus service to the location a requirement?

Is a single occupancy building a necessity?

Desired Lease Term: to

Will you need an option to extend the term?

Total # of employees: Full time: Part Time:

Anticipated number of visitors (peak average):

Hours of operation:

24 hour access needed: Y N

Possibility of extended work/meeting hours beyond normal 8 hour day?

Do you have a parking requirement?: Employee: Visitor:
(Number of parking spaces needed)

Additional notes:

Section 3: Accounting Information (to be completed by the requesting department's business manager) If requestor is not an internal County department, an invoice will be sent and payment will be required prior to commencing work. If requestor is within the County network, a Request for Service (RFS) will need to be completed.

Has the budget for this request been approved: Y N

If yes, please provide copy of executed approval, if no please explain.

Expenditure included in adopted budget?

Amount Budgeted: Account: Budget Unit:

Revenue Budgeted: Account: Budget Unit:

Specific Funding Source:

Department Head Approval: _____ Date: _____

CEO Analyst Approval: _____ Date: _____