



ACT GOVERNMENT PRELIMINARY LEASE REQUEST FOR MARKET TESTING

Name: _____

Dept / Agency: _____

Phone: _____ Fax: _____ Mobile: _____

E-mail: _____

STAFF NUMBERS (fte): Current: _____ or Proposed: _____

Existing location/s of staff being relocated: _____

AREA REQUIRED (m²): _____ (Allow a total of 15 m² per FTE)

LOCATION: (please circle requirements)

All ACT

City CBD	Dickson	Woden	Deakin
Belconnen	Bruce	Gungahlin	Mitchell
Tuggeranong	Greenway		
Fyshwick	Hume		
Other – please specify		

COMMENCEMENT DATE: _____

TERM / LEASE EXPIRY DATE: _____

PURPOSE: (please circle requirements)

Office Shopfront Storage Other

CAR PARKING: SURFACE YES NO SECURE YES NO

NUMBER REQUIRED _____

GENERAL COMMENTS:

SIGNED: _____
(Appropriate Senior Executive)

Date: _____

**Enquiries: John Bissell PH: 6213 0742
or email john.bissell@act.gov.au**