



1 Martin Luther King, Jr. Drive, Atlanta, GA 30334 (404) 656-3253 Fax: (404) 657-1166

Please submit this form to: [GBASpaceManagement@gba.ga.gov](mailto:GBASpaceManagement@gba.ga.gov)

## GEORGIA BUILDING AUTHORITY SPACE ACTION FORM

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

Fiscal Year: \_\_\_\_\_

### GBA IGA SPACE ACTION:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> New          | <input type="checkbox"/> Amendment     |
| <input type="checkbox"/> Increase     | <input type="checkbox"/> Renegotiation |
| <input type="checkbox"/> Decrease     | <input type="checkbox"/> GBA Estimate  |
| <input type="checkbox"/> Cancellation | <input type="checkbox"/> Other: _____  |

### 1. FROM: (Requesting Agency/Division)

Agency/Division: \_\_\_\_\_

Address: \_\_\_\_\_

Agency Official: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Local Contact/Agency Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

### 2. CURRENT RENTAL INFORMATION:

GBA Bldg./Floor #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Capacity: \_\_\_\_\_  
*(number of closed & open workspaces)*

Occupancy: \_\_\_\_\_  
*(number of employees)*

Total Sq. Ft: \_\_\_\_\_

### 3. NEW LOCATION REQUESTED: (Please provide brief description)

Requested GBA Bldg./Floor #: \_\_\_\_\_

- Use:
- Administrative/Office
  - Warehouse/Storage
  - Classroom/Training
  - Other: \_\_\_\_\_

Projected Occupancy: \_\_\_\_\_  
*(number of employees on questionnaire/includes growth)*

Occupancy Date Desired: \_\_\_\_\_

### 4. REMARKS OR ADDITIONAL COMMENTS:

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Signature: (Authorizing Agency Level Official)

Date:

#### For GBA Use Only

Date Request Received at SMP: \_\_\_\_\_

SMP Control Number: \_\_\_\_\_

#### SMP Action Recommended:

- Approved     Declined     Other Action: \_\_\_\_\_

Authorized GBA Employee:

Date: