



270 Washington Street, SW, Suite 2-101, Atlanta, GA 30334 (404) 656-3253
Please submit this form to: GBA.SpaceManagement@gba.ga.gov

GEORGIA BUILDING AUTHORITY SPACE ACTION FORM

Date: _____

Fiscal Year: _____

GBA IGA SPACE ACTION:

- New
- Increase
- Decrease
- Cancellation
- Amendment
- Renegotiation
- GBA Estimate
- Other: _____

1. FROM: (Requesting Agency/Division)

Agency/Division: _____

Address: _____

Agency Official: _____ Phone: _____ Email: _____

Local Contact/Agency Coordinator: _____ Phone: _____

2. CURRENT RENTAL INFORMATION:

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

GBA Bldg./Floor #: _____

Address: _____

City: _____

Capacity: _____
(number of closed & open workspaces)

Occupancy: _____
(number of employees)

Total Sq. Ft: _____

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:

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: