



Space Needs Request
Department of General Services
Building Space Utilization Analysis

Date of request: _____ Department: _____

Division: _____ Budget code: _____

Department point of contact: _____ Phone: _____

Email: _____

Which best describes your program need: Re-org. Expansion Contraction Consolidation New Program

Other _____

Purpose for request: _____

Is the need Permanent (>5 yrs) Temporary (<5 yrs) Cyclical Est. start date _____ Est. end date _____

Type of space: Clinic Office Warehouse Other _____

Approx. square feet: _____ Approx. number of staff: _____ Approx. number of clients served daily: _____

Preferred location: _____ Parking needs/number of spaces: _____

Funding source: General Fund Grant Other _____ Operating budget: _____

Additional comments:

Department Head Designee: _____ Date: _____

CAO Analyst Approval: _____ Date: _____

After obtaining CAO analyst approval, please send completed form to:

Michael J. Lango, Director of General Services
Department of General Services
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707-784-7902