



**Application for Accommodation Form**

**Section A**

Date of Request

Name of Requesting Ministry/  
Agency/NGO

Name of Requesting Officer

Position

Contact Information for Requesting Officer

Phone Number  Extension  Fax Number

Email

**Section B**

Type of Request:

Other

Reason for Request:

Other

Current Location  
(if any)

1st Preference

2nd Preference

Preferred Type or Property:

State Owned     Rented     No Preference

Please state your  
reasons:

Does the requesting Ministry/Agency/NGO interact directly with the Public?

Yes     No

Is the requesting Ministry/Agency/NGO able to provide in-house facility management services? e.g. Plants and equipment

Yes     No

Please indicate the minimum number of parking spaces required:

Please indicate the total area being requested in Feet Squared and/or Meters Squared:

Meters Squared  Feet Squared

Please indicate any special room requirements/facilities (Room capacity indicated in brackets):

<input type="checkbox"/> Conference Room (10) _____	<input type="checkbox"/> AV Room _____	<input type="checkbox"/> Other
<input type="checkbox"/> Conference Room (20) _____	<input type="checkbox"/> Visitor Lobby _____	
<input type="checkbox"/> Conference Room (30) _____	<input type="checkbox"/> Customer Service Reps. Cubicles _____	

Please indicate any special utility/service requirements:

<input type="checkbox"/> Water	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other
<input type="checkbox"/> Electricity	<input type="checkbox"/> File Storage (> 30 Cabinets)	
<input type="checkbox"/> Internet Connection		

Please indicate any special needs requirements for staff or clients:

<input type="checkbox"/> Wheelchair Ramps	<input type="checkbox"/> Other
<input type="checkbox"/> Elevator	
<input type="checkbox"/> Wheelchair Accessible Toilets	

**Section C**

Please indicate the total number of Divisions/Units/Sections to be relocated/housed:

Please indicate the total number of Staff to be relocated/housed:

Please list the names of the Divisions/Units/Sections and the number of Staff in each Division/Unit/Section:


Once a location is identified, would you be interested in visiting the site?

Yes       No

Signed By \_\_\_\_\_