



CENTER FOR INNOVATION & TECHNOLOGY

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Tenant Name: _____

Contact Name: _____ Phone: _____ E-mail _____

Tenant Data:

In order to better serve you please provide the following information:

1. Describe the nature of your company (ie. Office, Mfg, Light Mfg, Lab, etc) _____

2. Current Square footage requirements _____
3. Potential Square footage growth requirements _____
4. Lease timing and Scope of lease _____
5. Lease terms desired (3 to 5 year...or longer) _____
6. Potential number of employees _____
7. Please describe the noise level of your operation _____
8. Does your operation utilize any Hazardous materials _____

To the extent you have this information available, please provide the following:

- Electrical requirements _____
- Water & Sewer requirements _____
- Floor drains required _____
- Heating and cooling requirements _____
- Parking space requirements (Cars) _____
- Parking space requirements (tractor trailers) _____
- Column spacing requirements _____
- Minimum roof height requirements _____
- Minimum floor thickness requirements _____
- Dock door requirements _____
- Compressed Air Requirements _____
- Generator requirements _____
- Break rooms, Conference room's requirements _____
- Lab space and/or wet Lab requirements _____

Please identify any other specific requirements you have _____
