



Needs Analysis

COMPANY NAME

Contact Name: _____

Cellular Phone: _____

Office Phone: _____

Office Fax: _____

Office E-Mail: _____

Current Address: _____

LOCATION DESIRED:

* (___) _____

Reasons for Location:

CLASS OF BUILDING:

* (___) _____

SIZE REQUIREMENTS (# OF SF):

* (___) _____

Current Size: _____

EXPANSION CAPABILITIES:

* (___) _____

OFFICE DETAIL:

of Exec. Offices/Size: _____

of Cubicles/Size: _____

Reception Area: _____

Current Size: _____ Preferred Size: _____

Kitchen reqt's: _____

Storage reqt's: _____

Copy/Fax/Mail Room: _____

SIGNAGE:

* (___) _____

TERM DESIRED:

* (___) _____

PRICE/SF (range):

* (___) _____

CURRENT RENT:

EXPENSES:

* (___) _____

How are they presently paid: _____

PARKING:

* (___) _____

* (___) _____

HVAC: (special reqt's): _____

Office Hours, etc. _____

FLOOR LOAD FACTORS (items to be considered):

* (___) _____

OTHER ITEMS:

Computer needs: _____

Phone System needs: _____

DSL lines installed: _____

Fiber Optics: _____

Other: _____

* **Rate these 1-10 in importance. Please include other factors if desired.**