

**STATE PROPERTIES COMMITTEE  
ACTION REQUEST FORM**

Date: \_\_\_\_\_ Department Director: \_\_\_\_\_  
*(Authorized Signature)*

Department: \_\_\_\_\_ Individual Completing Form: \_\_\_\_\_

Action Requested:  Approval of License  Conceptual Approval

Reason \_\_\_\_\_  
\_\_\_\_\_

**License of State Property:**

Applicant(s): \_\_\_\_\_

If Corporation list Principals \_\_\_\_\_

Property Address: \_\_\_\_\_

Sq. Feet \_\_\_\_\_

City/State: \_\_\_\_\_

Temporary

1-2 Years

> 2 Years