Print Form | Submit by Email

Request Number: _____

Request For Space Aboard Commander Fleet Activities Okinawa

Activity: _____

Point of Contact: _____ Telephone Number: _____

E-mail Address: _____

Amount of Space Required: _____ sf Total

Administrative: _____ sf

Warehouse: _____ sf

Other: _____ sf Describe: _____

Preferred Location: _____

Reason for Request:

Need Space Beginning: _____

How Long Will Space Be Required: _____

Has Funding Source Been Identified: _____

Identify Any Special Facility Requirements:

Number of Personnel Moving into Space: _____

Identify Telephone & Communication Requirements:

Number of Parking Spaces Required:

Employees: _____ Visitors: _____ Vendors: _____

Attach any additional information pertinent to space request including BFR if available.

_____ _____

Signature **Date**