

New LBTC Client Needs Assessment Check Sheet

Company Name: _____

Company Representative: _____

Phone: _____ Email: _____

Location(s): Building _____ Room(s) _____

Move in date: _____

Operational needs:

- Number of phone lines needed: _____ in Room _____ in Room _____
_____ in Room _____ in Room _____
- Number of data ports needed: _____ in Room _____ in Room _____
_____ in Room _____ in Room _____
- Number of IP addresses needed _____
- Number of Keys/Slide Cards needed: _____ for Room _____ for Room _____
_____ for Room _____ for Room _____
- Company name to appear on door signs _____

Signature (name, title) _____

Date of request _____

For Administrative use only

Approved: _____ Declined: _____ Reason request declined: _____

Signature of Authorization _____ Date: _____