



# Tenant Alteration Request

Instructions:

Complete this form

or attach in an email and send to: [TAR@ogs.ny.gov](mailto:TAR@ogs.ny.gov)

Enter Lease Number

Building Type (check one): State-owned location Leased location →

Client Agency (select from list) Funding Agency (select from list)

If STATE-OWNED LOCATION, select building name & address from list If LEASED LOCATION, enter building name & address

Floor # Room # Desired Completion Date Agency Project Budget

Scope of Work (check all the following alterations that apply)

ITS (data/telephone) Furniture/Equipment Walls/Partitions Security Systems Other → Please Specify:  
Electrical HVAC Plumbing Lighting

Provide a description of work to be performed Check if additional sheets are attached

Justification (also include other projects that this project might impact or special circumstances that may effect the completion date)

Check if additional sheets are attached

Agency Contact Email Address Phone Number

Project Contact Email Address Phone Number

Agency Funding Contact Email Address Phone Number

Date Submitted

## For OGS use only:

Approved Denied

Planning Type: Add'l Space Alteration Project Type: Ten Alt Work Order Capital

Project # Design Services Contact Project Manager

Project Title (building name/location - floor# - room# - client name - work description)



# Tenant Alteration Request

## Instructions for Completing Tenant Alteration Request Form TAR-101 (July 2022)

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Listed below are the fields you will need to fill out to complete and submit a Tenant Alteration Request (TAR) form. To prevent overwriting on the original document, use the “Save As” command to create a new file as soon as you open the original document.

**Building Type:** Check appropriate box to select the building type, either State-owned or Leased location. If Leased location is selected, you will be prompted to enter a Lease Number. Ensure you include the Lease Number for leased locations.

**Client Agency:** Select the Client Agency name from the drop down menu that is requesting the project.

**Funding Agency:** Select the Funding Agency name from the drop down menu that will be funding the project.

**Building Name:** Indicate building name and address where alteration is requested. If STATE-OWNED LOCATION, select name and address from drop down menu. If LEASED LOCATION, enter building name and address.

**Floor #:** Enter floor number where alteration is requested.

**Room #:** Enter room number where alteration is requested.

**Desired Completion Date:** If the alteration request has a deadline, indicate date (mm/dd/yyyy) when work needs to be completed and provide further details in the Justification section.

**Agency Project Budget:** Enter the amount you have budgeted for this project or a maximum amount you are authorized to spend on the project. This amount will be used to gage the reasonableness of the requested scope of work against the anticipated budget.

**Scope of Work:** Check all boxes which are applicable to the requested project.

**Description of Work:** Provide a detailed description of the work that is being requested. For example, be as specific as possible with wall dimensions, electrical requirements and if paint and or carpet will be required. The text box is limited in the number of characters that can be entered. Additional sheets can be added to this request. If additional sheets are added, check the box and be sure to include the additional sheets when the form is submitted.

**Justification:** Provide justification for why work is being requested. Provide further details if project requires a deadline. Include other projects that this project might impact or special circumstances that may affect the completion date. The text box is limited in the number of characters that can be entered. Additional sheets can be added to this request. If additional sheets are added, check the box and be sure to include the additional sheets when the form is submitted.

**Agency Contact, Email Address, Phone Number:** Enter Agency contact name, email address and phone number. Project requests can only be submitted by designated Agency contacts.

**Project Contact, Email Address, Phone Number:** Enter Project contact name, email address and phone number. If the contact for the project differs from the Agency contact, include additional name here, email and phone number, otherwise you may enter “same”.

**Agency Funding Contact:** Enter Agency Funding contact name, email address, phone number. This individual must be one who is authorized to eventually fund the project on behalf of their agency. By submitting the TAR form, the Tenant Agency is only authorizing OGS to proceed with the initial scoping and space planning phase. Project funding authorization will be requested later in the process.

**Date Submitted:** Enter the date (mm/dd/yyyy) the form is submitted.

**Submit Form:** When applicable fields have been completed and reviewed, click on the “Submit Form” button. A window should appear with an option to “Default email application (Microsoft Outlook)” or “Use Webmail”. Click “Continue”. This will bring you to an email pre-addressed to; [TAR@ogs.ny.gov](mailto:TAR@ogs.ny.gov). All agency contacts listed on the form must be included as cc’s in the email. Also, include attached sheets when applicable.