



PORT OF GUAM
 ATURIDAT I PUETTON GUAHAN
Jose D. Leon Guerrero Commercial Port
 1026 Cabras Highway, Suite 201, Piti, Guam 96915
 Telephone: 671-477-5931/35 Facsimile: 671-477-2689/4445
 Website: www.portguam.com



Lourdes A. Leon Guerrero
 Governor of Guam
Joshua F. Tenorio
 Lieutenant Governor

**SPACE LEASE REQUEST
 LY 2023**

Check One: Open Space Warehouse Office Telecommunication
Check One: One year One to five years More than five years

1. Requestor:	
2. Nature of Business:	
3. Postal Address:	
4. Physical Address:	
5. Email Address	
6. Telephone No(s):	7. Facsimile No.:
8. Contact Person/Title	
9. Square Feet:	10. Location:
11. Purpose: (State intended use of Property and approximate duration of use.) 	
<p>12. I, the applicant, understand that the Port Authority of Guam (PAG) grants space lease agreements on a monthly or annual basis. I am also made to understand that upon availability of the space requested, I will be notified and required to submit a space lease application. This notification, however, does not constitute a notice of approval but a process subject to the approval and discretion of Port management.</p>	
_____	_____
(Print Name and Signature)	Date
For Official PAG Use Below	
Date Received	Status/Reference
1 / 2 Date: _____	1 / 2 Date: _____



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**SPACE LEASE APPLICATION
 LY 2023**

Check One: Open Space Warehouse Office Telecommunication
Check One: One year One to five years More than five years

1. Application/Company Name:	
2. Address:	
3. Email Address	
4. Contact No(s):	5. Facsimile No.:
6. Contact Person/Title:	
7. Square Feet:	8. Location:
9. Purpose:	
<p>10. The Port Authority of Guam (PAG) grants all Space Lease Agreements on a monthly or annual basis. The documents below are required for submission with this application for review by PAG.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current Guam Business License <input type="checkbox"/> Article of Incorporation and Bylaws <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Financial Statement (last two (2) years audited) <input type="checkbox"/> Surety Bond/Time Certificate Deposit <input type="checkbox"/> Certified of Financial Responsibility (Proof of Insurance) <input type="checkbox"/> Three (3) Letters of Reference <input type="checkbox"/> Other _____ <p>I, the undersigned, have completed this application to the best of my knowledge. I have provided true and correct information on this form and in attached documents. I hereby authorize the Port Authority of Guam to conduct a background check and obtain any credit references and any information to assist in the evaluation of this application.</p>	
_____ Signature of Applicant	_____ Date
<u>For Official PAG Use Only</u>	
Date Received	<input type="checkbox"/> Approved
	<input type="checkbox"/> Disapproved
_____ RORY J. RESPICIO General Manager	_____ Date

