

4. Name and address of proposed Lessor and Payee (if different from Lessor address):

_____	_____
<i>(Lessor's Company Name)</i>	<i>(Lessor/Payee's Name)</i>
_____	_____
<i>(Individual Name, if applicable)</i>	<i>(Lessor/Payee's Address)</i>
_____	_____
<i>(Lessor's Mailing Address)</i>	<i>(Lessor/Payee's City/State/Zip)</i>
_____	_____
<i>(Lessor's City/State/Zip)</i>	<i>(Lessor's Phone #)</i>

5. List below all locations considered indicating prices quotes and reasons each location was not acceptable to your agency.

NOTE: Please submit three (3) written proposals with this request, in accordance with Title 34, Part III, Chapter 5, Section 503.B.1. A WRITTEN PROPOSAL LETTER FROM THE LESSOR OF THE SITE CHOSEN MUST BE SUBMITTED WITH THIS REQUEST AND MUST INDICATE A MONTHLY OR ANNUAL RENT.

6. The standard state lease can be issued for up to ten (10) years. If these terms are satisfactory, leave the spaces below blank. If terms other than these are required, please indicate below and explain the need for the terms requested:

Start date of lease: _____ Primary term: _____ Years Option Term: _____ Years

EXPLANATION: _____

7. The standard state lease requires the lessor to be responsible for utilities and janitorial services. If these terms are satisfactory, leave the spaces below blank. If terms other than these are required, please indicate below and explain the need for the terms requested:

Utilities: _____ No Janitorial: _____ No

EXPLANATION: _____

8. **RENTAL PAYMENTS:** Please indicate below, the price per month or annual rental amount requested by the lessor and agreed to by the agency for the new location:

\$ _____ per month
\$ _____ annual rental amount

LESSOR IS TO QUOTE A MONTHLY OR ANNUAL RENTAL AMOUNT

A. **FUNDING:** _____% Federal _____% General Fund _____% Self-Generated
_____ % Stat Ded _____ % IAT

B. Amount budgeted for rental of space requested: \$ _____ annually

C. Total number of parking spaces required: _____
_____ employees _____ clients _____ state vehicles

9. **SPACE REQUIREMENTS:**

TOTAL AMOUNT OF SPACE REQUESTED: _____ sq ft

This request must be signed by the three (3) individuals indicated below. Their signature certifies that sufficient funds are available in your department's budget for the rental obligations.

SIGNED: _____ **DATE:** _____
(Person in charge of occupying the space)

I certify that funds are available for the rental of office space at the above location for the listed annual rent.

SIGNED: _____ **DATE:** _____

I concur with this space request.

SIGNED: _____ **DATE:** _____
(Person authorized to sign leases for Department. If other than the Secretary/Head of the Department, written authorization must be on file with Facility Planning and Control – Real Estate Leasing Section)