Lease	File No
STATE PROPERTIES COMMITTEE ACTION REQUEST FORM	
Date: Departs	ment Director:
Department: Individ	(Authorized Signature) lual Completing Form:
LEASE SECTION Approval of Lease: Conceptual Termination of Lease Conceptual Action Requested Final Final Reason (For Conceptual Approval – complete shaded areas, for Final Approval – complete entire form)	
□ Lease of State Property Property Name: Property Location: Square Footage: □ Temporary □ Long Term □ Extended	□ Lease of Private Property Owner Name: Property Name: Property Location: Contact Person: Principles of Lessor:
(<1 year) (1-5 years) (>5 years) Options: Lease Payment: (P/mth) (P/mth) (P/sq. ft.) (monthly) Purpose of Lease	Temporary □Long Term (<m (6="" 10="" 6="" approval="" considered="" footage="" for="" lease="" m="" months="" months)="" options:="" property="" solicitation="" square="" state="" td="" to="" years)="" □negotiations="" □no<="" □renewal="" □rfp="" □spc="" □yes=""></m>
Other Tenant Payments - Utilities Tenant Build Out Janitorial Damage Deposit Other Tenant Name Address Contact Name: Contact Number:	Check All That Apply: (Lease Terms) Cancellation Clause
Check All Completed: Liquor License License Insurance Certificate Fire Marshall Review Attorney General Review Frequency of Appraisals Date of first/last Appraisal Appraisal Amount Property Leased to State Employees Comparable square foot rates Cancellation Clause Indemnification Clause	Lease Payments Price per square foot year 1