

STATE PROPERTIES COMMITTEE
ACTION REQUEST FORM

Date: _____

Department Director: _____

(Authorized Signature)

Department: _____

Individual Completing Form: _____

LEASE SECTION

Action Requested Approval of Lease Termination of Lease
Reason _____

Price _____

Lease of State Property

Property Name: _____

Property Location: _____

Square Footage: _____

Temporary (<1 year) Long Term (1-5 years) Extended (>5 years)

Options: _____

Lease Payment: _____

(P/mth) _____ (event) (P/sq. ft.) _____
(monthly)

Lease of Private Property

Owner Name: _____

Property Name: _____

Property Location: _____

Contact Person: _____

Principles of Lessor: _____

Temporary (<m/m/ to 6 months) Long Term (6 months to 10 years)

Options: _____

Solicitation For Lease

RFP Negotiations
 SPC Approval Renewal

Square Footage _____

State Property Considered Yes No

Details if yes or no _____
