

LEASE INFORMATION

Lessor Name							
Lessor Address							
Lessor Phone Number				Lessor Tax ID #			
Agency							
Street (Premises)							
City (Premises)				County (Premises)			
Lease Term (Mos)		Beginning		Ending:			
\$/Month		\$/Yr:		Sq Ft		\$/Sq Ft/Yr	
Discount for Prepayment		%		<input type="checkbox"/> Quarterly		<input type="checkbox"/> Semi-annually	
						<input type="checkbox"/> Annually	
Rent Escalations:		<input type="checkbox"/> None		<input type="checkbox"/> Annual CPI, commencing _____		Effective \$ _____	
						Other: _____	
Util Pd by Lessor:		<input type="checkbox"/> All		<input type="checkbox"/> Water&Sewer		<input type="checkbox"/> Trash	
						<input type="checkbox"/> Electricity	
						<input type="checkbox"/> Natural Gas	
						<input type="checkbox"/> Irrigation	
Facility Services and Repairs Provided by Lessor:							
<input type="checkbox"/> All		<input type="checkbox"/> HVAC		<input type="checkbox"/> Elec System		<input type="checkbox"/> Parking Lot	
						<input type="checkbox"/> Plumbing	
						<input type="checkbox"/> Lawn Maint.	
						<input type="checkbox"/> Outside Lights	
<input type="checkbox"/> Light Bulbs		<input type="checkbox"/> Snow Removal		<input type="checkbox"/> Door Sign		<input type="checkbox"/> Directory Sign	
						<input type="checkbox"/> Furnish Restrm Products	
Frequency of Services Provided by Lessor (Janitorial, Trash, Window Cleaning, Carpet Shampoo):							
<input type="checkbox"/> Janitorial		<input type="checkbox"/> Trash		<input type="checkbox"/> Window		<input type="checkbox"/> Clean Cpt	
						<input type="checkbox"/> Cpt Stains	
						<input type="checkbox"/> Other _____	
<input type="checkbox"/> Daily		<input type="checkbox"/> Daily		<input type="checkbox"/> Daily		<input type="checkbox"/> Daily	
<input type="checkbox"/> Weekly		<input type="checkbox"/> Weekly		<input type="checkbox"/> Weekly		<input type="checkbox"/> Weekly	
<input type="checkbox"/> Monthly		<input type="checkbox"/> Monthly		<input type="checkbox"/> Monthly		<input type="checkbox"/> Monthly	
<input type="checkbox"/> Qrtly		<input type="checkbox"/> Qrtly		<input type="checkbox"/> Qrtly		<input type="checkbox"/> Qrtly	
<input type="checkbox"/> Semi-Annually		<input type="checkbox"/> Semi-		<input type="checkbox"/> Semi-		<input type="checkbox"/> Semi-Annually	
						<input type="checkbox"/> Semi-Annually	
<input type="checkbox"/> Annually		<input type="checkbox"/> Annually		<input type="checkbox"/> Annually		<input type="checkbox"/> Annually	
Parking:		# of Spaces		# of Secured		Special _____	
Use of Premises:							
Lessee Address (for Notices)							
Special Provisions (Options, etc.)				<input type="checkbox"/> First right of refusal on adjacent space			
<input type="checkbox"/> Option to renew lease:		# of Yrs:		Rental Rate:			
Right to Purchase:		<input type="checkbox"/> @ Appraised Value		Date: _____		<input type="checkbox"/> @ Specified Price of \$ _____	
						Date: _____	
Rent Concessions:		<input type="checkbox"/> ___ Mos Free Rent:		<input type="checkbox"/> Moving Allowance \$ _____		<input type="checkbox"/> Phone \$ _____	
						Other: __	
Operating Exp Escalation		<input type="checkbox"/> Exp Stop:		Base Yr: _____		or Base Cost: \$ _____	
						<input type="checkbox"/> Full Pass	
Total Bldg Area:				% of Bldg Leased:			
Types of Expenses:		<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Common Area Maintenance		<input type="checkbox"/> Utilities	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Insurance		<input type="checkbox"/> R E Taxes	
Tenant Improvements:		Pd by Agency		Total Cost: \$ _____		<input type="checkbox"/> Pd Up-Front	
Completion Date:						<input type="checkbox"/> Pd Monthly	
						# of Mos	
						\$/Mo:	