

LEASE PROPOSAL FORM

Proposal Date: [date]

Delivered To: [Name of Owner / Property Manager] (the "Lessor")
 [address], [City], Delaware
 [phone / fax / email]
 [name of contact person]

Proposal Submitted By: [Name of Offeror]
 [address], [City], [State]
 [phone / fax / email]
 [name of contact person]

A. Offeror Information

Type of Organization:	[indicate whether the offeror is a corporation, LLC, sole proprietorship, association, partnership, etc.]
State of Incorporation / Registration:	
Date of Incorporation / Registration:	
Registered Agent:	[name] [address] [phone / fax / email] [name of contact person]
Names & Addresses of Owners / Members (indicate percentage ownership of each party): <i>Full addresses must be written. Post office boxes are not acceptable.</i>	
Names of Guarantor(s):	
State of Tenancy:	New _____ Existing _____ Renewal _____ Modifications _____ Subtenant _____
CREDIT REFERENCES:	
Bank Reference:	[name] [address] [phone / fax / email] [name of contact person]
Trade Reference:	[name] [address] [phone / fax / email] [name of contact person]
Tenant Reference:	[name] [address] [phone / fax / email] [name of contact person]

B. Premises Information

Lease Term:	Minimum term 1-5 years Option to renew _____ years	
Occupancy Date:		
Square Footage Required:		
Address of Proposed Space (if applicable):		
Proposed Space will be leased as:	New construction _____ Existing, to be renovated / retrofitted _____ Existing, as is _____	
Type of Business to be Carried On in the Space:		
Days & Hours of Operations:		
Utilities & Services Included in Lease:	Electricity _____ Gas _____ Water _____ Sewer _____ Other: _____ Janitorial (____ times per week) _____ Security _____ Snow Removal _____ Landscape Maintenance _____ Facility Maintenance and Repair _____	
Parking Requirements:	____ Employee Spaces _____ Client Spaces _____ Parking costs \$_____ per month per _____	
Special Requirements:		
Yearly Lease Cost, including rent, utilities, etc. (Year 1):	Year 1 _____	Year 6 _____
	Year 2 _____	Year 7 _____
	Year 3 _____	Year 8 _____
	Year 4 _____	Year 9 _____
	Year 5 _____	Year 10 _____
Common Area Maintenance Expenses:	Year 1 _____	Year 6 _____
	Year 2 _____	Year 7 _____
	Year 3 _____	Year 8 _____
	Year 4 _____	Year 9 _____
	Year 5 _____	Year 10 _____

SAMPLE PREVIEW

THIS IS A 4-PAGE FORM.