

LEASE PROPOSAL FORM

Proposal Date: [date]
 Delivered To: [Name of Owner / Property Manager] (the "Lessor")
 [address], [City], Louisiana
 [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 / Partners / Members / Shareholders / Other persons having an interest in the property: Full name, address, telephone number, and post office box number, if applicable.	
Name(s) 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 space
Special Requirements:	
Yearly Lease Costs (includes rent, utilities, janitorial, etc.)	Year 6 _____ Year 7 _____ Year 8 _____ Year 9 _____ Year 10 _____
Common Area Maintenance Expense	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.