



**DEPARTMENT OF MANAGEMENT SERVICES  
LEASES FOR NOMINAL OR NO CONSIDERATION**

Lease No.: \_\_\_\_\_

TO: Department of Management  
Services Bureau of Leasing

FROM: Department of: \_\_\_\_\_  
Division of: \_\_\_\_\_  
Bureau of: \_\_\_\_\_

1. Type Space: \_\_\_\_\_ Office \_\_\_\_\_ Warehouse \_\_\_\_\_ Domiciliary

2. Agency or individual and address with whom occupancy agreement has been consummated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lessor's Federal Identification Number  
(F.E.I.D. or S.S.) \_\_\_\_\_

3. Location: Building Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

4. Square footage \_\_\_\_\_ (Measured in accordance with the Department of Management Services' Standard Method of Space Measurement)

Lease No. \_\_\_\_\_

5. Term of Agreement \_\_\_\_\_

6. Options, if any \_\_\_\_\_

7. Remuneration:

_____	Free (no cost)	
_____	Nominal Rate per square foot / annual rate (Any amount less than \$1.00/year)	\$ _____
_____	Charges for Services Only (Electricity, water, copier, data) / estimated annual cost	\$ _____

8. Number of FTE housed at this location: \_\_\_\_\_

9. Brief description of function occupying space:

10. The undersigned hereby certifies that this space is being used for a valid State function and that provisions for security of leased space have been accomplished. A legal agreement, copy attached, has been consummated for its use, and that the agreement and all support documents comply with established leasing criteria including Standards for Special Facilities for Physically Disabled and Fire Safety Standards of the State Fire Marshal.

11. Attach a copy of the formal agreement.

Signed: \_\_\_\_\_  
Agency Head

Date: \_\_\_\_\_

Title: \_\_\_\_\_