

Real Estate Services Office (RESO)

Notice of Lease Expiration Form

TO: _____
Tenant Department Contact

Tenant Department

FROM: Helen Levay/Barb Evans
Real Estate Services Office (RESO)

DATE: _____

SUBJECT: Notice of Lease Expiration on (DATE) _____ at (PROPERTY ADDRESS) _____

In order for us to determine what your department's future space plans are at the above property, please complete the highlighted items below, obtain the necessary approval as indicated, and fax this memo form back to the Real Estate Services Office at 643-1804 (no cover page is necessary).

1. Please indicate how you would like RESO to proceed:

_____ **EXERCISE LEASE RENEWAL OPTION**

Note: you have (#) _____ OF OPTIONS remaining. Option must be exercised by (DATE) _____.

_____ **LEASE RENEWAL/EXTENSION**

If yes, for how long? _____

_____ **MONTH-TO-MONTH HOLDOVER**

If yes, please estimate how long? _____

_____ **VACATE LEASED SPACE**

If yes, on what date? _____

New Address: _____

_____ **BEGIN SEARCH FOR NEW OR ADDITIONAL LEASED SPACE**

Note: RESO will fax you an [Initiation of Services for Lease of Premises](#) form for more information.

2. Does your occupancy involve the use or storage of hazardous/radioactive substances?

NO _____ YES _____ (If yes, please describe: _____)

3. Complete each of the following for [recharge](#) purposes:

_____-**56312**-_____ or Speedtype: _____
BU Fund – Org – Prog – SubProg – Proj – Flex 10-character/digit

Funding Source (State, Fed, Other): _____

4. DEPARTMENTAL APPROVAL: _____

Chair, Dean or Director signature only*

* Your signature permits RESO to initiate the above action. An [Authorization for Lease of Premises](#) form will be routed for approval finalizing the terms of the new or revised lease and finalizing RESO's [recharge fee](#). Please note that your signature authorizes RESO recharges to be assessed even if the project is canceled, based on hours spent until cancellation. (Rev. 11/03/00)