

Lease Abstract Form

Address: _____ Div Approval: _____ Date Rec'd: _____

Ops Mgr: _____

County: _____

New Renewal

Lessor: _____ Contact/Email: _____

Address: _____ Phone: _____
_____ Fax: _____

Occupancy Date: _____

Vendor: _____ Fully Executed Copy _____
_____ Rec'd: _____

Term: _____ Renewal Option: _____

Previous Lease Expires: _____ Notify Landlord by: _____

Usable Sq. Ft.: _____ Cost/SF _____ Previous SF Cost _____
_____ 1st Year _____ Base: _____ for: _____

Rentable Sq. Ft.: _____ _____ 2nd Year _____ Actual: _____ Prev. Rent: _____
_____ _____ 3rd Year _____ _____

SF/person: _____

Rent:

1st Year

Security Deposit: \$ _____

(% inc.)
2nd Year

Increase: _____

(% inc.)
3rd Year

Total: _____

(% inc.)

Held as Last Month's Rent:

Date to use Sec. Deposit:

Paid w/ Execution:

Cost of Improvements:

Utilities By:

Janitor By:

Taxes By:

Rent Escalations Based on:

Base Year:

Expense Stop:

Operating Costs:

Insurance Cert.

Landlord Add'l Insured
Cancelled

Date Vacating Office Form Sent:

Date HDQ Rec'd: _____

Holdover:

Renewal Notes:

Add'l Notes: _____
