



# STATE OF FLORIDA Quote Request Form

**In accordance with 60H-1.016 F.A.C. all leases under 5,000 square feet are required to have at least three (3) documented quotes which must contain the following information:**

Lease Number: \_\_\_\_\_ Net Usable Square Footage Available: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Physical Address: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

Is the facility an "Energy Star qualified facility as defined by the US EPA and US Department of Energy? \_\_\_\_\_

Lessor's Name: \_\_\_\_\_

Lessor's Address: \_\_\_\_\_

Lessor's Agent: \_\_\_\_\_ Agent Telephone Number: \_\_\_\_\_

Lease Term: \_\_\_\_\_ years Lease Renewal: \_\_\_\_\_ years Date Available: \_\_\_\_\_

**BASE TERM:**

Year 1		\$	/sf	\$	/mo.	\$	/yr.
Year 2		\$	/sf	\$	/mo.	\$	/yr.
Year 3		\$	/sf	\$	/mo.	\$	/yr.
Year 4		\$	/sf	\$	/mo.	\$	/yr.
Year 5		\$	/sf	\$	/mo.	\$	/yr.
Year 6		\$	/sf	\$	/mo.	\$	/yr.
Year 7		\$	/sf	\$	/mo.	\$	/yr.
Year 8		\$	/sf	\$	/mo.	\$	/yr.

Proposed Tenant Improvement Amount: \_\_\_\_\_

**RENEWAL OPTIONS:**

Renewal 1		\$	/sf	\$	/mo.	\$	/yr.
Renewal 2		\$	/sf	\$	/mo.	\$	/yr.
Renewal 3		\$	/sf	\$	/mo.	\$	/yr.
Renewal 4		\$	/sf	\$	/mo.	\$	/yr.
Renewal 5		\$	/sf	\$	/mo.	\$	/yr.
Renewal 6		\$	/sf	\$	/mo.	\$	/yr.
Renewal 7		\$	/sf	\$	/mo.	\$	/yr.
Renewal 8		\$	/sf	\$	/mo.	\$	/yr.
Renewal 9		\$	/sf	\$	/mo.	\$	/yr.
Renewal 10		\$	/sf	\$	/mo.	\$	/yr.

Lessor or Representative's Signature: \_\_\_\_\_