

NOTICE OF PROPOSAL TO REDUCE OR VACATE OFFICE ACCOMMODATION

Department:			
Address of tenancy:			
Contact Name:		Phone No:	
Email:			
Building Owner: (Check applicable box)			
<input type="checkbox"/> Private Sector Leased <input type="checkbox"/> HPW Owned <input type="checkbox"/> Other Department Owned (Please specify):			
Proposal: (Check applicable box)			
<input type="checkbox"/> Reduction from:m ² tom ² (Please attach floor plan outlining the areas proposed to retain and surrender. or <input type="checkbox"/> Vacate entire lease:m ² (See conditions below)			
Timing:			
Preferred date or timeframe to vacate: (In accordance with condition below)			
How long would it take to vacate the tenancy upon advice that an alternate tenant was available?			
<u>Conditions</u> If the Occupant proposes to reduce area or vacate its premises, then the Occupant will provide formal advice of the proposal to the QGAO: (a) at least six (6) months in advance of the proposed variation for areas smaller than 1000m ² ; or (b) at least twelve (12) months in advance of the proposed variation for areas 1000m ² or greater. If it is determined from a whole of government perspective that continuity of rent is a condition to vacate a premises, then QGAO will determine and advise the Occupant of the period for which rent must continue to be paid for the vacated premises. The Occupancy Agreement can be viewed at: http://www.hpw.qld.gov.au/SiteCollectionDocuments/OAMFOccupancyAgreement.pdf			
Reason space no longer required:			
Cost Benefit Statement: (Outline savings to Government)			

Type of Accommodation to be vacated: (Check applicable box)		
<input type="checkbox"/> Office	<input type="checkbox"/> Storage	<input type="checkbox"/> Other (specify):
Fitout to remain: Only complete if a backfill tenant is to be sought to take up ongoing rental obligations. (Please check boxes and provide quantities where applicable)		
<input type="checkbox"/> Workstations. No:	<input type="checkbox"/> Meeting/conference. No:	<input type="checkbox"/> Reception Desk
<input type="checkbox"/> Offices. No:	<input type="checkbox"/> Service Counter. No Work Points:	<input type="checkbox"/> Interview Rooms
<input type="checkbox"/> Other (Specify):		
Note: If this is a private sector lease that is to be relinquished, confirm your make-good obligations with the lease manager.		
Comments:		
Tenant Department Endorsement		
Signed:		
Name:		
Date:		
Title:		
On behalf of the Department of:		
Please return to: Principal Accommodation Manager, Planning Group Queensland Government Accommodation Office, GPO Box 2457, Brisbane QLD 4001		
Note: If an alternate tenancy is to be sought for this function, please also complete a Request for Office Accommodation form.		

Accommodation Office Advice	
Date:	
<input type="checkbox"/> Proposal acknowledged.	
Signed:	
Name:	
Title:	Principle Accommodation Manager
Landlord conditions/comments:	
<input type="checkbox"/> Proposal declined.	
Comments:	