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| NOTICE OF PROPOSAL TO REDUCE OR VACATE OFFICE ACCOMMODATION |
| **Department:** |  |
| **Address of tenancy:** |  |
| **Contact Name:** |  | **Phone No:** |  |
| **Email:** |  |
| **Building Owner:** (Check applicable box) |
| **[ ]**  Private Sector Leased **[ ]** HPW Owned **[ ]** Other Department Owned (Please specify): ………………………………. |
| **Proposal:** (Check applicable box) |
|  **[ ]**  Reduction from: ……………m2 to …………..m2 (Please attach floor plan outlining the areas proposed to retain and surrender. **or** **[ ]**  Vacate entire lease: ...…………m2 (See conditions below) |
| **Timing:** |
| Preferred date or timeframe to vacate:(In accordance with condition below) |  |
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| How long would it take to vacate the tenancy upon advice that an alternate tenant was available? |  |
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| ***Conditions***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 1000m²; or(b) at least twelve (12) months in advance of the proposed variation for areas 1000m2 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:** |
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| **Cost Benefit Statement:** (Outline savings to Government) |
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| **Type of Accommodation to be vacated:** (Check applicable box) |
| **[ ]** Office | **[ ]** Storage | **[ ]** 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) |
| **[ ]** Workstations. No: ………. | **[ ]** Meeting/conference. No: ………. | **[ ]** Reception Desk |
| **[ ]** Offices. No: ………. | **[ ]** Service Counter. No Work Points: ………. | **[ ]** Interview Rooms |
| **[ ]** 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:** |
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| **Tenant Department Endorsement** |
| **Signed:** |  |
| **Name:** |  |
| **Date:** |  |
| **Title:** |  |
| **On behalf of the Department of:** |  |
| **Please return to:**Principal Accommodation Manager, Planning GroupQueensland 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.* |

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| Accommodation Office Advice |
| **Date:** |  |
| **[ ]  Proposal acknowledged.** |  |
| **Signed:** |  |
| **Name:** |  |
| **Title:** | Principle Accommodation Manager |
| **Landlord conditions/comments:** |  |
|  |
| **[ ]  Proposal declined.** |  |
| Comments: |  |