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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 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.* | | | | | |

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