LEASE SOLICITATION REQUEST FORM

(This form is for property owners and leasing brokers who wish to lease real property to state agencies.)

RECEIPT AND ACKNOWLEDGEMENT OF LEASING STATUTES 1-11-55, 1-11-56, 1-11-65

I have read the contents of §§ 1-11-55, 1-11-56 and 1-11-65 in their entirety. I agree to comply with the foregoing statues and agree that any lease arrangement entered into with a South Carolina state agency will be in accordance with such statutes.

Also, I understand that the Department of Administration, Division of General Services (Real Property Services) is the single central broker for leasing for state agencies, and all negotiations are to be conducted through this office. I further understand that direct contact or negotiation with an agency without the written permission of Real Property Services will be cause for my disqualification for participation in an agency’s procurement process or solicitation. This prohibits obtaining information from an agency about its property needs or any other information about its specific property needs, including but not limited to physical data and lease terms and conditions. This restriction does not apply to dissemination of information which is public knowledge, such as a printed brochure or published rates.

I understand that leases (including rates and annual rent amounts), unless specifically exempted, are subject to and conditioned upon the approval of the Division of General Services and shall be of no force or effect unless the consent of such office is obtained.

Dated this __________ day of _____________________, 20____

_______________________________________  ___________________________________
WITNESS      Signature of Owner or Agent
___________________________________
Typed or Printed Name

E-MAIL LIST

You will receive all solicitations by e-mail only

Name of Company: __________________________________________________________

Name: _________________________________________________________________

Address: _______________________________________________________________

City: _______________________ State _______ Zip Code _____________

Telephone: _____________________ fax: _____________________________

E-Mail Address: _________________________________________________________

Please return completed form by mail, fax or email to: SC Department of Administration, Division of General Services, Attn: Latina Morris, 1200 Senate Street, Ste. 460, Columbia, SC 29201, Fax: 803-737-7178, E-mail: lmorris@admin.sc.gov