

# VCU Memo

Monroe Park Campus

V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

To:

Business Services  
and Treasurer  
Real Estate & Insurance Services

From: Laura Vtipil  
Leasing Coordinator

700 West Grace Street  
P.O. Box 843040  
Richmond, Virginia 23284-3040

Date:

804 828-0004  
Fax: 804 828-8510  
TDD: 1-800-828-1120

Subject: (Location)  
Lease Renewal Authorization

The lease term for \_\_\_\_\_, \_\_\_\_\_, Virginia expires on \_\_\_\_\_, 20\_\_\_. The current lease automatically renews and continues in full force and effect from year to year ("renewal term") at the same rental rate. The current annual rent is \$\_\_\_\_\_ paid in monthly/quarterly installments of \$\_\_\_\_\_. Please review your staffing and office requirements and confirm the lease site continues to meet your needs.

The attached lease renewal authorization provides for continued use of \_\_\_\_\_ for an additional \_\_\_\_\_ period. If you wish to remain at your current location, please sign and return this form by \_\_\_\_\_, 20\_\_\_. If you wish to view other available properties or have specific concerns, feel free to contact me at 828-0004.

Attachment

LEASE RENEWAL AUTHORIZATION  
Richmond, Virginia

Please proceed to exercise the option to renew the lease of \_\_\_\_\_ for an additional  
\_\_\_\_\_ month period, commencing \_\_\_\_\_, 20\_\_ and ending \_\_\_\_\_, 20\_\_.

This lease will be paid from account number: \_\_\_\_\_-637047

Program/Department Recommends:  
(Please check one)

Renew lease at current location: \_\_\_\_\_  
Search for new location: \_\_\_\_\_

\_\_\_\_\_  
Name  
Title (Dean/Director)

\_\_\_\_\_  
Name  
Title (Vice President/Vice Provost)

**PLEASE RETURN THIS FORM TO LAURA VTIPIL @ P.O. BOX 843040 BY \_\_\_\_\_ 20\_\_.**