

Instructions for the Termination of Agreement Form 4

The Form 4 provides information about the termination of an agreement and confirms the date the User Agency vacated the Premises in accordance with the terms of the agreement.

Please discuss all proposed early termination of leases or tenancy agreements with your DCAMM Project Manager. Please remember that the Commonwealth, represented by DCAMM, is Tenant under the agreement.

Fill in the requested information starting with "User Agency Name."

User Agency

The User Agency submitting the form.

Name of Office/Facility

The specific unit, division, office, or section of the User Agency for which Premises have been leased (e.g., Fitchburg Area Office, Boston Regional Office). If more than one unit is located there, identify all.

Address

The street address, city or town, and zip code of the building as stated in the lease or other rental agreement.

SF

The square footage for office or other type of space, as identified in the lease or other rental agreement.

TERMINATED AGREEMENT

Provide the following information for the terminated or expired agreement:

- Term:** Enter the commencement date and the termination date of the agreement.
Type of Agreement: Check the box associated with the applicable category. If "Other" is checked, identify the type of agreement (e.g., Authorization to Pay Rent without Written Agreement, License).

NEW LOCATION(S)

Identify the location(s) where the staff for this office have been relocated, and provide the full address of each new location.

- Leased Space:** should be checked when the User Agency now occupies new space under a Commonwealth lease or other rental agreement.
State Space: should be checked when the User Agency now occupies space in a state-owned building.
None: should be checked when the office or facility has been closed.

NOTIFICATION OF TERMINATION OR EXPIRATION

Enter the date on which the User Agency vacated the Premises, the date on which the User Agency completed a walk-through of the Premises with Landlord's representative, and the date on which the agreement terminated. Under "Comments," please identify the individuals who conducted the walk-through, provide comment on the reason for termination (e.g., Agency relocating under new lease, Agency consolidating its operations at [address]), explain termination if the date is different from the end date of the Term, and provide any other information that may be useful to DCAMM.

APPROVAL

The form should be signed and dated by an authorized User Agency signatory. Below the signature, enter the signatory's name and title. For Agency Contact, enter the name, title and telephone number of the person who may be contacted to discuss the project.



TERMINATION OF AGREEMENT FORM 4

For DCAMM Use

Project Number: _____

Facility Code: _____

Project Manager: _____

Office of Leasing and State Office Planning
617-727-8000 x31800

SUBMIT VIA EMAIL TO
LeasingForms.DCAMM@state.ma.us

USER AGENCY NAME:	SF:
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NAME OF OFFICE/FACILITY:

ADDRESS:

TERMINATED AGREEMENT

Term

Begin Date: _____

End Date: _____

Type of Agreement

- Lease
- Short-Term Tenancy Agreement
- Other:

NEW LOCATION(S)

- Leased Space
- State Space
- None

Street Address

City/Town

Zip Code

NOTIFICATION OF TERMINATION OR EXPIRATION

Date

Date the User Agency vacated Premises under the above-referenced agreement:

Date the User Agency completed a walk-through of the Premises with Landlord's representative:

The agreement terminated effective:

Comments:

APPROVAL

USER AGENCY

Authorized Signature: _____

Date: _____

Printed Name: _____

Title: _____

Agency Contact: _____

Title: _____ Phone: _____

DCAMM

Reviewed by: _____

Date: _____