



Elmira-Corning Regional Association of REALTORS®

COMMERCIAL LEASE INFORMATION FORM

Form approved by the Elmira-Corning Regional Association of REALTORS®, Inc. for use by its members.
This is a legal document; signing this agreement gives rise to binding legal responsibilities. If not understood,
we recommend you seek legal advice before signing.



Rental Type: _____ Building Name: _____

Area: _____

Property Address: _____

Square Feet Available: _____ Interior/Exterior Measurements: _____

Space Available by Level: _____

Rent per Month: _____ CAM Charges: _____

Rent per Square Foot: _____ CAM Charges: _____

Space Description: _____ Amount of Security: _____ Lease Term: _____

SERVICES

Electric
Heat
Water
Garbage
Lawn
Snow Removal
Insurance
Parking Property
Sewer Tax
Interior Maintenance
Furnace
Hot Water Tank
Cleaning
Glass Breakage
Exterior Maintenance
Roof

LANDLORD PAYS TENANT PAYS

ESTIMATED COST: (IF KNOWN)

Electric	\$ _____	__ month	__ year	Garbage	\$ _____	__ month	__ year
Heat	\$ _____	__ month	__ year	Parking	\$ _____	__ month	__ year
Water	\$ _____	__ month	__ year	Taxes	\$ _____	__ month	__ year
Sewer	\$ _____	__ month	__ year	Insurance	\$ _____	__ month	__ year

SPECIAL FEATURES					
Sprinkler System	Yes __ No __		Railroad Siding	Yes __ No __	
Security System	Yes __ No __		Fencing	Yes __ No __	
Fire/Smoke System	Yes __ No __		Employee Kitchen	Yes __ No __	
Air Conditioning	Yes __ No __		Employee Break Room	Yes __ No __	
Handicapped Accessible	Yes __ No __		Overhead Doors	Yes __ No __	
# of Handicapped Restrooms	_____		Overhead Door Heights	_____	
# of Restrooms	_____		# Loading Docks	_____	
# of Parking Spaces	_____		Ceiling Height (s)	_____	

ZONING: _____ DATE AVAILABLE: _____

___ VACANT or ___ OCCUPIED Current Lease Expiration: _____

Tenant Name: _____ Phone: _____

Tenant Contact Name: _____ Phone: _____

Keys at: _____ Office: _____

Lockbox: ___ YES or ___ NO Lockbox Location: _____

Signs: ___ YES or ___ NO

OWNER/LANDLORD NAME: _____ Phone #: _____

ADDRESS: _____

LEASING/LISTING AGENT NAME: _____ Phone #: _____

LEASING/LISTING OFFICE NAME: _____ Office #: _____

TENANT SIGNATURE: _____