

ATTACHMENT P. 6

COST SCHEDULE

OF

LEASE PAYMENTS

FOR

RETAIL SPACE

(Scope of Services “A”)

Company Name: _____



A. CERTIFICATION OF LEASE PAYMENTS

By my signature, I certify that I am authorized to bind this firm/individual to provide the services specified herein, in compliance with the scope of work, and other terms and conditions in this Request for Proposals and make monthly lease payments to VRE as provided in the Schedule of Lease Payments.

Signature _____ **Print** _____

Title _____ **Date** _____

Firm Name _____

Address _____

City, State _____ **Zip Code** _____

Phone Number _____ **Fax Number** _____



B. SCHEDULE OF LEASE PAYMENTS

“North Room” - Retail Space at the VRE Woodbridge Station			
	A	B	(A x B)
	QUANTITY (Months)	MONTHLY PAYMENT TO VRE	ANNUAL PAYMENT TO VRE
1. Base Year	12	\$ _____	\$ _____
2. Option Year One	12	\$ _____	\$ _____
3. Option Year Two	12	\$ _____	\$ _____
4. Option Year Three	12	\$ _____	\$ _____
5. Option Year Four	12	\$ _____	\$ _____
TOTAL			\$ _____

Company Name: _____

