

STATE OF TENNESSEE
Department of General Services
Division of Real Estate Assets Management
Wm R. Snodgrass Tennessee Tower, Suite 2200
312 Rosa Parks Ave.
Nashville, Tennessee 37243
Telephone: 741-4221

REAL ESTATE MANAGEMENT USE ONLY
RPM NO. _____

Real Estate Transaction Request Form RPM-1
(Revised 1997)

INSTRUCTIONS: Prepare in duplicate and answer all items in detail.

Name and address of requesting department: _____ _____	Name of Dept. Contact _____ Date: _____
Phone: _____	Date Request Needed: _____
Not less than 180 days from date of request	

1. Action Requested:

<input type="checkbox"/> Acquisition	<input type="checkbox"/> Disposal	Special Service
<input type="checkbox"/> Fee Simple	<input type="checkbox"/> Fee Simple	<input type="checkbox"/> Appraisal
<input type="checkbox"/> Leasehold	<input type="checkbox"/> Leasehold	<input type="checkbox"/> Survey
<input type="checkbox"/> Easement ROW	<input type="checkbox"/> Easement ROW	<input type="checkbox"/> Title Service
<input type="checkbox"/> Gift	<input type="checkbox"/> Gift	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Inter-Agency Agreement
		<input type="checkbox"/> Transfer of Jurisdiction
		<input type="checkbox"/> Boundary Lines

2. Location of Property: _____
(County)

_____ (City)

Property Assessor Map# _____ Parcel # _____

(Attached Supporting Information)

<input type="checkbox"/> Survey	<input type="checkbox"/> Aerial Photo
<input type="checkbox"/> Plat	<input type="checkbox"/> Photo
<input type="checkbox"/> Highway Map	<input type="checkbox"/> Other _____
<input type="checkbox"/> Legal Description	<input type="checkbox"/> Master Plan
<input type="checkbox"/> Site Plan	

Property Assessor Map must accompany this request. If this request adjoins State-owned property so indicate on map.

3. Legal Description: _____

_____ Owners Deed Book _____ Page _____

Lot Size _____

Number Acres _____

Improvements enumerated with color photographs attached

_____ House	_____ Warehouse
_____ Office	_____
_____ Barn	_____
_____ Shed	_____

4. Third Party: Name: _____ Address: _____ Phone No. _____

Names of Tenants (if any): Name: _____ Address: _____ Phone No. _____

Relocation Assistance Required: YES NO

5. Purpose (Please explain in detail the proposed use and why action is necessary).

6. Estimated Value (Land and Improvements) \$ _____

7. **Source of Funds:**

a. Are funds for this request included in your agency's budget?..... **YES** **NO**

b. If yes, please identify the source of funds.

	SOURCES	AMOUNT	FISCAL YEAR	TYPE OF FUNDS
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

c. If the source of funding is part of a larger amount included in the budget as a line item, please specify the line item amount (amount, fiscal year and type of funding).

d. Who is paying the Real Estate Management fee and other costs? _____

If Agency is paying, please complete the following information:

Agency Business Unit _____

Department ID _____

e. If this request is not in your agency's budget, please explain the proposed funding.

f. Please identify the source of Federal matching funds, if any.

Signed: _____, **Fiscal Officer**

FOR LAND ACQUISITION ONLY

a. Has a Phase I Environmental Site Assessment been done? (if so, attach copy)..... **YES** **NO**

b. If not, do you recommend one be done? **YES** **NO**

c. Attach completed Transaction Screen Questionnaire.

d. Does your agency have a master plan for its department? **YES** **NO**

e. If yes, is this property part of this master plan **YES** **NO**

Please explain: _____

f. What is the last date the master plan was updated? _____

g. Is this request a current top priority of your agency?..... **YES** **NO**

If no, please explain: _____

h. Are other governmental agencies required to approve this request? **YES** **NO**

i. In the past, has your agency had this request or a similar request addressed by the SBC?..... **YES** **NO**

FOR LAND DISPOSAL ONLY

a. Original Cost to State: \$ _____

Date State Obtained: _____

Grantor unto State: _____

b. Please state the department's use for the property? _____

c. Why is the department's jurisdiction of this property no longer necessary? _____

d. Have any other State Departments or Agencies expressed any need or interest in this property? **YES** **NO**

e. Will this disposal hinder the department's future use of remaining property (if any)? **YES** **NO**

f. Would this disposal adversely affect the remaining property values in the future? **YES** **NO**

g. Has an outside buyer, lessee, etc. requested this disposal **YES** **NO**

h. Will the revenue from this sale be returned to the General Fund? **YES** **NO**

Requested by: _____
(Agency Head)

(Date)