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| REAL ESTATE MANAGEMENT USE ONLY | |
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| RPM NO. |  |
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STATE OF TENNESSEE

Department of Finance and Administration

Division of Real Property Management

Office of Real Estate Management

Wm R. Snodgrass Tennessee Tower

312 - 8th Avenue North, 22nd Floor

Nashville, Tennessee 37243-0300

Telephone: 741-4221

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

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| INSTRUCTIONS: Prepare in duplicate and answer all items in detail. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and address of requesting department: | | | | | | | | | | | | | | | | | | | Name of Dept. Contact | | | | | | | | | | | | | | | | Dick Tracy | | | | | | | | | | | | | | | |
| Tennessee Board of Regents / University of Memphis | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | | | | 615/366-4433 | | | | | | | | | | Date: | | | | | |  | | |
| 1415 Murfreesboro Road, Suite 350, Nashville, TN 37217 | | | | | | | | | | | | | | | | | | | Date Request Needed: | | | | | | | | | | | | | | | | ASAP | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Not less than 180 days from date of request | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Action Requested: | | | | | | |
| Acquisition TOJ | | | | | | | | | | Disposal | | | | | | | | | | | | | | | | Special Service | | | | | | | | | | | |
| Fee Simple | | | | | | | | | Fee Simple | | | | | | | | | | | | | | | | | | | Appraisal | | | | | | | | | Inter-Agency Agreement | | | | | | | | | |
| Leasehold | | | | | | | | | Leasehold | | | | | | | | | | | | | | | | | | | Survey | | | | | | | | | Transfer of Jurisdiction | | | | | | | | | |
| Easement ROW | | | | | | | | | Easement ROW | | | | | | | | | | | | | | | | | | | Title Service | | | | | | | | | Boundary Lines | | | | | | | | | |
| Gift | | | | | | | | Gift | | | | | | | | | | | | | | | | | | | | Other | | |  | | | | | | | | | | | | | | | |
| 2. Location of Property: | | | | | | | | | | | | | | | | | | | | | (Attached Supporting Information) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shelby | | | | | | | | | | | | | | | Survey | | | | | | | | | | | | | | | | | | Aerial Photo | | | | | | | | | | | | |
| (County) | | | | | | | | | | | | | | | | | | | | | Plat | | | | | | | | | | | | | | | Photo | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | Highway Map | | | | | | | | | | | | | | | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Legal Description | | | | | | | | | | | | | | | | | | Master Plan | | | | | | | | | | | | |
| (City) | | | | | | | | | | | | | | | | | | | | | | Site Plan | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Property Assessor Map # | | | | | | |  | | | | | Parcel # | |  | | | | | | | |  | | | Property Assessor Map must accompany this request. If this request adjoins State-owned property so indicate on map. | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Legal Description: | | | | | | | | | | | | | | | | | | | | | Improvements enumerated with color photographs attached | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | House | | | | | | |  | | | | Warehouse | | | |
|  | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | Office | | | | | | |  | | | |  | | | |
| Owners Deed Book | | |  | | | Page | | | | |  | | |  | | | | | | | | | |  | | | | | | | Barn | | | | | | |  | | | | |  | | |
| Lot Size |  | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | Shed | | | |  | | | | | | | | |  | |
| Number Acres | |  | | | | | | | | | | | |
| 4. Third Party: Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Names of Tenants (if any): Including mailing address and   phone number | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | |
| Phone No. | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | |
| Relocation Assistance Required: | | | | | | | | | | | | | YES x NO | | | | |
| 5. Purpose (Please explain in detail the proposed use and why action is necessary). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6. Estimated Value (Land and Improvements) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 7. Source of Funds: | | | | |
| a. Are funds for this request included in your agency’s budget? All costs to be borne by third party  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | |
| b. If yes, please identify the source of funds. | | | | | | | | | |
| SOURCES | | | | | | | | | AMOUNT | | | | | FISCAL YEAR | | | | | | | | TYPE OF FUNDS | | | | |
| 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). | | | | | | | | | | | | | | | | | | | | | | | | |
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| d. Who is paying the Real Estate Management fee and other costs? | | | | | | | | | | | | |  | | | | | | | | | | | |
| If Agency is paying, please complete the following information: | | | | | | | | | | | | | | | |
| ALLOTMENT CODE: | | | | | |  | | | | | | | |
| FUND: | | | | | |  | | | | | | | |
| COST CENTER: | | | | | |  | | | | | | | |
| E If this request is not in your agency’s budget, please explain the proposed funding. | | | | | | | | | | | | | | | | | | | | | | | | |
| N/A | | | | | | | | | | | | | | | | | | | | | | | |
| f. Please identify the source of Federal matching funds, if any. | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Fiscal Officer | | | | | | | | | | | | | | | | | | | | | | | |
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| 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? 2006 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Is this request a current top priority of your agency?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | |
| If no, please explain: | | | |  | | | | | | | | | | | | | | | | | | | |
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| 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? | | | | | | | | | | | |  | | | | | | | | | | | | |
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| 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 departments 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) | | | |