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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). |
|  |
| 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. |
|  |
| 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: |  |
|  |
| 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 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) |