



Washington State Department of Transportation

Real Estate Services Application

For Department Use Only				
IC Number		Lease Number		
If you wish to PURCHASE, check here <input type="checkbox"/> and complete Sections 1, 5, and 6.		If you wish to LEASE, check here <input type="checkbox"/> and complete Sections 1, 2, 3, 4, 5, and 6.		
Section 1. To Be Completed By Applicant				
Last Name	First	Middle Initial	Marital Status	
Birth Date		Business Name If Applicable		
Mailing Address		City	State Zip Code	
E-Mail Address	Phone Number	Social Security Number	Tax ID Number	
Name Of Employer Or Business (If Unemployed Show Last Employer)		Immediate Supervisor	Work Phone Number	
Employer Or Business Address	Monthly Salary (Only If Purchasing)		How Long In Present Position	
Contact Person & Title		Phone Number	E-mail Address	
Additional Contact Person & Title	Phone Number		E-mail Address	
Mailing Address		City	State	Zip Code
Any Additional Parties Involved in Construction or Maintenance		Email Address		
Mailing Address		City	State	Zip Code
Contact Person & Title		Phone Number	E-mail	
Insurance: <input type="checkbox"/> Self Insured <input type="checkbox"/> Commercial Liability Policy				
Section 2. Proposal Information				
Proposed Use(s)				
Location				
Requested Lease Period (Years)			County Or City Tax Parcel Number	
Section 3. Site Improvements Necessary for Applicant's Use (mark all that are applicable)				
<input type="checkbox"/> Minor Leveling (Filling Of Pot Holes, Etc.)	<input type="checkbox"/> Vertical Construction	<input type="checkbox"/> Sanitary Sewer		
<input type="checkbox"/> Substantial Cut Or Fill	<input type="checkbox"/> Electrical Power	<input type="checkbox"/> Lighting		
<input type="checkbox"/> Paving	<input type="checkbox"/> Storm Sewer	<input type="checkbox"/> Fence Relocation		
<input type="checkbox"/> Other (Describe)				
Note: Please attach map showing Trail location and provide evidence the Trail is part of a Comprehensive Trail Plan adopted by a federal, state or local governmental authority.				

Section 4. Trails or Paths Information

Note: Please attach a map showing trail location and provide evidence the trail is part of a Comprehensive Trail Plan adopted by a federal, state or local governmental authority.

Who Is To Use Trail?

Pedestrians | Bicyclists | Equestrians | Other:

Comprehensive Trail Plan Title

Is Trail located within Limited Access? Yes No

Is the Trail located within City limits? Yes No

If Yes, City Name

Estimated Construction Ad Date

Additional Information

Section 5. Additional Information To Be Supplied By Applicant

Map showing location of property.

R/W plan sheet showing property location.

The level of environmental documentation required is dependent on the proposed use of the requested property. In some cases an Environmental Classification Summary (ECS), State Environmental Protection Act (SEPA), National Environmental Policy Act (NEPA), the National Historic Preservation Act, or the Endangered Species Act will be required. To accelerate the lease /disposal process you may include the environmental documentation at the time the application is submitted. Submittal of the application **does not guarantee approval** of the lease/disposal request.

Section 6. Applicant's Statement

I certify that this information is true and accurate to the best of my knowledge. I understand that you may check my credit records and any statements I have made. I give all my creditors, employers, banks, and previous Landlord's permission to give you any information you need to determine whether you want to grant me tenancy.

Signature Of Applicant

Title

Type Or Print Name

Date

For Department of Transportation Use Only

Date

Control Section Number

Federal Aid Number

RW Plan Sheet Title

RW Plan Sheet Numbers

Site Location

Parcel Number

RW Number

Rental Agreement Number

State Route

Milepost

Property Management Agent Assigned

Date Assigned

Charge Codes if Applicable

Property Agents Remarks



**Washington State
Department of Transportation**

Single Family Residential Supplement

For Department Use Only			
I.C. Number		Lease Number	
To be Completed by Applicant if Requesting Single Family Residence			
Name			Birthdate
Spouse			
Name	Social Security or Tax I.D. Number		Zip Code
Home Address	City		State
Drivers License Number	Home Phone		E-mail
Name of Employer or Business	Immediate Supervisor		Work Phone
Employer or Business Address	City		State
Zip Code	How Long in Present Position		Monthly Salary
References			
Checking Account/Bank Branch	Checking Account Number	Savings Account/Bank Branch	Savings Account Number
Credit Reference	City	State	Account Number
Credit Reference	City	State	Account Number
Nearest Relative Not Living With You	Address		Relationship
Personal Reference	Address		Relationship
Name of Present Landlord	Address		Phone Number
Name(s) and Relationship of All Persons Who Will Occupy Property			
Name	Relationship	Name	Relationship
Name	Relationship	Name	Relationship
Name	Relationship	Name	Relationship