



Maxwell-Kates, One Irving Place
New York, NY 10003
(212) 260-5521
(212) 228-8768 FAX

LEASE RENEWAL EXTENSION FOR APARTMENT _____ TOWER _____

Please be advised that I am the owner or legal representative of the above-referenced apartment located at One Irving Place Condominium, One Irving Place, New York, NY 10003. I am requesting an extension of my current lease with my tenant(s), with the information as follows:

Landlord's Name: _____

Landlord's Address: _____

Telephone Number: _____

Tenant's Name(s): _____

Lease Extended: From: _____ To: _____

Monthly Rent: _____

Additional information:

All of the original terms and conditions of the original lease remains the same.

I HAVE ATTACHED A CHECK IN THE AMOUNT OF \$150.00 PAYABLE TO:

ONE UNION SQUARE EAST CONDOMINIUM

TO THIS FORM REPRESENTING THE LEASE RENEWAL PROCESSING FEE.

I will advise my tenant to contact the Management Office at (212) 260-5521 to schedule a move-out date before the end of this lease.

LANDLORD

TENANT

LANDLORD

TENANT

DATE

DATE