

City of Jacksonville, Florida

Lenny Curry, Mayor

City of Jacksonville Treasury Division
City Hall
St. James Building
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Jacksonville, Florida 32202
(904) 630-CITY
www.coj.net

COVID-19 Lease/Rent/Loan Deferral Request Form

The purpose of this COVID-19 Lease/Rent Deferral Request Form is to request a temporary deferral of monthly lease/rent payments to reduce the economic burden resulting from actions taken to combat the spread of the COVID-19 virus. I understand that a request may only be made for the following: (a) Due to COVID-19 we have either furloughed employees or have instituted a work-from-home policy and have experienced a significant loss in revenue; or (b) Due to COVID-19 and our designation as a non-essential business we are temporarily closed.

ompany Information:
ompany Name:
vning Individual or Entity:
siness Type:
N/TIN:
ımber of Locations in Duval County:
ain Contact:
entact Title:
mary Mailing address:
Business Address 1:
Business Address 2:
Suite/Unit:
City, State Zip:
entact Phone #:
entact Email Address:

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Rea	eason For Request:	
	Due to COVID-19 we have either furloughed employees or have instituted a work-from-home poli have experienced a significant loss of revenue.	cy AND
	Beginning Date of furlough or "work from home" implementation:	
	Total Number of Employees as of March 1, 2020:	
	Number of Employees furloughed or working exclusively from home:	
	Monthly Revenue pre-COVID-19:	
	Loss of Monthly Revenue associated with COVID-19:	
	Due to COVID-19 and our designation as a non-essential business we are temporarily closed.	
	Total Number of Employees as of March 1, 2020:	
	Date Business temporarily closed:	
Tim	ime Frame:	
busi ano	emporary deferrals in lease/rent payments for businesses that remain in operation or temporarily usinesses will terminate no later than such time as businesses are allowed to return to normal operation of the chosen by the City. Such termination of this temporary reduction will be communicated effected within 7 business days following such rescission.	ion or at
Sign	ignature: Date:	