NASSAU COUNTY ASSESSMENT REVIEW COMMISSION COMMERCIAL RENT ROLL

2016

SEC _____ BLK _____ LOT _____ ADDRESS _____

TX# (If known) _____ EUN#(If known) _____

*** ALL SPACE INCLUDING OWNER OCCUPIED AND VACANT SPACE MUST BE LISTED ***

TENANT NAME	USE	UNIT# or ADDRESS	LEASED SQ FT	ORIGINAL LEASE START DATE	CURRENT LEASE TERMS	MONTHLY RENT	RENT INCREASES	REAL ESTATE TAX PERCENTAGE	ADD'L CHARGES
	TOTAL SQ FT								

COMMENTS:

CERTIFICATION (MANDATORY)

I certify, under penalty of perjury, that the information contained within this form and the attached Income and Expense Statement is accurate and truthful.

SIGNATURE _____ NAME (PLEASE PRINT) _____ DATE _____