NASSAU COUNTY ASSESSMENT REVIEW COMMISSION RESIDENTIAL 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	LEASED SQ FT	# BEDROOMS	#BATHS	ORIGINAL LEASE START DATE	CURRENT LEASE TERMS	MONTHLY RENT	PARKING GARAGE RENT ($) or N/A	HEAT PAID BY TENANT (Yor N)
TOTAL BLDG 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