



COMMERCIAL & INDUSTRIAL INCOME & EXPENSE STATEMENT

All information submitted will be treated as confidential to the fullest extent permitted by law.

Account #

Year

1. PROPERTY / CONTACT INFORMATION

PROPERTY INFORMATION

Property Address: _____

City, State, ZIP: _____

OPA Account (Parcel) Number: _____

Property Type: _____

Property Subtype (if applicable): _____

OWNER / CONTACT INFORMATION (Owner or Authorized Representative)

Owner / Contact Name: _____

Company: _____

Phone: _____

Email: _____

PREFERRED METHOD OF CONTACT (Check one)

☐ Email

☐ Phone

☐ Mail

Other: _____

2. MARKET ACTIVITY (As of Date Completed)

Has the property been listed for sale within the past 24 months? ☐ Yes ☐ No

If Yes: List Price: \$ _____ Date Listed: _____

Is the property currently under contract? ☐ Yes ☐ No

If Yes: Contract Price: \$ _____ Date of Contract: _____

Has the property sold within the past 24 months? ☐ Yes ☐ No

If Yes: Sale Price \$ _____ Date of Sales: _____

3. BUILDING / SITE CHARACTERISTICS

BUILDING INFORMATION

Year Built: _____

Year Renovated: _____

Renovation Cost: \$ _____

Gross Building Area (SF): _____

Net Rentable Area (SF): _____

Occupancy %: _____ %

SPACE BREAKDOWN (SF)

Office SF: _____

Retail SF: _____

Flex SF: _____

Warehouse SF: _____

Manufacturing SF: _____

Storage SF: _____

Cold Storage SF: _____

Other SF: _____

BUILDING FEATURES

Clear Height (ft): _____

Loading Docks: _____

Drive-In Doors: _____

Drive-Thru Present? ☐ Yes ☐ No

Elevators Present? ☐ Yes ☐ No

If Yes, Number of Elevators: _____

Parking Spaces: _____

SITE FEATURES

Rail Service?

☐ Yes ☐ No

Outdoor / Yard Storage?

☐ Yes ☐ No

OTHER

Other: _____

BILLBOARD INCOME

Billboard Present? ☐ Yes ☐ No

Lease Amount: \$ _____

Term: _____

CELL SITE / TOWER INCOME

Cell Site / Tower Present? ☐ Yes ☐ No

Lease Amount: \$ _____

Term: _____

ADDITIONAL INCOME / CAPITAL IMPROVEMENTS

Describe Other Income (not above): _____

List Capital Improvements (last 5 years): _____

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4. OPERATING EXPENSES (Annual)

EXPENSE CATEGORY	TENANT (ANNUAL)	OWNER (ANNUAL)	EXPENSE CATEGORY	TENANT (ANNUAL)	OWNER (ANNUAL)
Real Estate Taxes	\$	\$	Marketing / Leasing	\$	\$
Insurance	\$	\$	Legal / Professional	\$	\$
Utilities	\$	\$	Accounting	\$	\$
Repairs & Maintenance	\$	\$	Trash / Waste Removal	\$	\$
Janitorial	\$	\$	Pest Control	\$	\$
Landscaping / Snow Removal	\$	\$	Fire / Life Safety	\$	\$
Security	\$	\$	Reserve for Replacement	\$	\$
Management Fees	\$	\$	Other (Specify):	\$	\$
Administrative	\$	\$	Other (Specify):	\$	\$
Other (Specify):	\$	\$			
Other (Specify):	\$	\$	TOTAL OWNER OPERATING EXPENSES		\$

5. LEASE TYPE DEFINITIONS

NNN (Triple Net): Tenant pays base rent plus all operating expenses, taxes, and insurance.

NN (Double Net): Tenant pays base rent plus expenses (excluding taxes and/or insurance).

MG (Modified Gross): Tenant pays base rent plus some, but not all, operating expenses.

6. TENANT / VACANT RENT ROLL

Suite / Unit Number	Tenant / Vacant	Use	Leased Area (SF)	Lease Type (NNN / NN / MG)	Monthly Base Rent (\$)	Lease Term			Pass-Through / Notes
						Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Term (Yrs.)	

RENT ROLL SUMMARY (Annualized)

Total Leased SF:

SF

Total Vacant SF:

SF

Total Gross Rent (from base rent only):

CERTIFICATION

I (we) certify that the information contained in this Commercial & Industrial Income & Expense Statement is true, correct, and complete to the best of my (our) knowledge and belief. I (we) understand that the Office of Property Assessment may verify any information contained herein. I (we) further understand that any willful misrepresentation of material facts may subject the property to penalties as provided by law.

Print Name:

Title:

Signature:

Date: