Dear Property Owner, Manager, or Lessee,

A revaluation of all property is being conducted in your community in order to establish fair and equitable assessments.

By completing the enclosed form, you will help reflect economic conditions within your community which will become the basis for utilizing the income approach to value. The information you provide will remain <u>confidential</u> and will be considered, with all other information gathered, in order to establish uniform guidelines to be equitably applied throughout the community. It is, therefore, requested that you complete the enclosed form and return it to the ASSESSORS OFFICE, ROOM 115, 4 SUMMER ST. HAVERHILL, MA 01830 WITHIN 60 DAYS OF RECIEPT. Please fill out all sections of the form. Your cooperation is appreciated.

Assessors' Office.

Location:	ParceliD:	LUC:			
	1	OFFICE USE ONLY			
	 				
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COMMERCIAL/INDUSTRIAL LEASE SUMMARY

(APARTMENT, HOTEL AND OTHER INCOME SECTIONS, SEE REVERSE)

- (1) List tenant business name rather than owner name. i.e. "Joe's Restaurant" rather than "J. Smith Enterprises". If vacant, so state and enter asking rent under (6) and months vacant under (11). Be sure to complete (2), (3), (4), (5). If any portion is owner occupied enter O/OCC under (1) and complete (2), (3), (4), (5) and (11).
- (2) Enter your identification or unit number/letter.
- (3) List the area that is leased. If not known, approximate such as "1/4 of first floor". THIS IS VERY IMPORTANT.
- (4) List type of space from following list. If several types, enter most prevalent first RTL-retail, store, shop; OFC-office; MFG-manufacturing; WHS-warehouse, storage; RDV-R&D; RST-restaurant; SER-service/repair/garage; BNK-bank; OTH-other (specify in comments)
- (5) Enter floor level. If several, enter most prevalent first.
- (6) List scheduled rent for that tenant for the year.
- (7) List Common Area Maintenance (CAM), Real Estate Tax, and other reimbursements paid by tenant.
- (8) List expenses included in the rent (paid by landlord). Using following codes: E-electric; H-heat; M-maintenance; P-plowing; R-rubbish removal; T-real estate taxes; B-real estate taxes over a base; L-parking lot/grounds maintenance; W-water/sewer; I-Insurance.
- (9) Enter date lease begins. If month to month, enter M/M.
- (10) Enter date lease ends prior to options.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
TENANT	UNIT NO.	LEASED AREA (SQ. FT.)	TYPE OF SPACE	FLOOR LEVEL	SCHEDULED ANNUAL RENT	CAM, TAX, OTHER REIMBURSEMENT	EXPENSES INCLUDED	LEASE START	LEASE END	COMMENTS
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TOTAL	<u> </u>	'	····					<u> </u>		,

INDICATE WITH "X" Expenses Paid / Items Supplied by Owner **ANNUAL EXPENSES** APARTMENT INCOME 2008 2007 Items M-CROSAVE ロボスートした田 SHEASHER MANAGEMENT LECTRIC RUBB-SH SPOSAL MANAGEMENT 0020 COMMISSIONS ٥٧ ٤ NO . OF BEDROOMS RENT PER MONTH NO. UNITS OF THIS TYPE LEGAL AND ACCOUNTING PAYROLL TAXES SNOW REMOVAL GENERAL RUBBISH REMOVAL MISCELLANEOUS WAGES CLEANING SUPPLIES Excluding Bathrooms CONTRACT SERVICES HOTEL/MOTEL INCOME ELECTRIC ANNUAL OCCUPANCY RATES No. TYPE UNITS PERCENT HEATING LOW SWING HIGH UTILITIES WATER AIR CONDITIONING **ELEVATOR** OTHER INCOME DECORATING REPAIRS AND CONSTRUC-**PARKING** OTHER TION LAUNDRY OTHER OTHER VENDING INSURANCE SALES INFORMATION REAL ESTATE If the property was purchased within the past 10 years, complete the following. TAXES OTHER LAND ONLY LAND AND BUILDINGS **FIXED** PRICES_ DATE PRICES_ DATE_ EXPENSE DEPRECIATION COMMENTS ON ANY SPECIAL CONDITIONS FURN. FIXT. INTEREST CONSTRUCTION COSTS LAND RENT plate if construction or major remodeling was performed within past 10 years OTHER

OTHER	INFORM	MATION
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Please provide any information which may assist in arriving at a fair and equitable appraisal of this property.

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PREPARED BY _____

TOTAL

DATE ___/___

Phone No.

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INCOME AND EXPENSE FORM