PROPERTY ADDRESS: _____

PARCEL NUMBER: _____

(RETAIL, OFFICE, INDUSTRIAL)

(Make copies as needed)

RENT ROLL

SUITE	TENANT	LEASE Commence Date	LEASE Expiration Date	Total s.f.	Monthly Rent	Mgmt *	Util *	Janitor *	Inter. Maint. *	C.A. Maint. *	R.E. Taxes *	Haz'd Insur. *	Extention Option Y or N	COMMENTS

**Indicate "T" if Tenant pays*
*Indicate "L" if Landlord pays

Total *leased* square feet:	_____
Total *vacant* square feet:	_____
Total square feet:	_____

Signature:_____ Date:_____