

Commercial Summary Sheet

2011 Complaint No.: _____

Current Assessed Valuation, All Parcels: _____ 2010 Assessed Valuation: _____

Taxpayer's Request: _____

Appeal Made to Assessor: YES NO Amount of Assessor's Reduction: _____

Owner Occupied? YES NO % Owner Occupied: _____

APPRAISAL

Fair Market Value: _____ As of: _____ Date of Inspection: _____

Units: _____ # Stores: _____ Taxes: _____ Year: _____ % of total income: _____

Are tenants required to pay any share of taxes: YES NO If Yes, _____ % and \$ _____

Total Annual Gross Potential Income: \$ _____

This property is a hotel motel # Guest rooms: _____ # Kitchens: _____

meeting rooms/banquet halls: _____ Occupancy: _____

Economic Analysis **Actual Gross Income** \$ _____ **% Occupied** _____

(include all tenant contributions)

Sq. Ft. Leasable	Fixed (base) Rent/sq. ft.	Overage rent	% Rent in \$	Misc. Income	Total Income	Total Income/sq. ft.	Year lease signed	Year lease expires
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
TOTALS					_____	_____	_____	_____

Rental value of owner occupied space: _____ Total Units: _____

Actual Annual Expenses (exclude property taxes, debt service and depreciation)	Amount paid by owner	Check if paid by tenant
Payroll, e.g., janitor, manager	\$ _____	<input type="checkbox"/>
Gas for rented space	\$ _____	<input type="checkbox"/>
Gas for common areas	\$ _____	<input type="checkbox"/>
Electric for rented space	\$ _____	<input type="checkbox"/>
Electric for common areas	\$ _____	<input type="checkbox"/>
Water & sewer	\$ _____	<input type="checkbox"/>
Contractual services, e.g., trash, security, exterminator	\$ _____	<input type="checkbox"/>
Repairs and Maintenance	\$ _____	<input type="checkbox"/>
Replacement reserve	\$ _____	<input type="checkbox"/>
Insurance	\$ _____	<input type="checkbox"/>
Vacancy/Collection loss	\$ _____	<input type="checkbox"/>
Other	\$ _____	Explain: _____
TOTAL ANNUAL EXPENSES	\$ _____	% of Income: _____

Explain any tax or expense stops, tenant contributions, or other limitations on owner's liability for expenses and any rent escalations, concession or abatements: _____

Explain duration, reason and location of vacancies: _____

Annual Net Income (total income-total expenses) \$ _____

Suggested capitalization rate (excluding property taxes): _____ Tax load: _____ Total: _____

Purchase (on or after January 1, 2008) Price: \$ _____ Date: _____

Construction (on or after January 1, 2008) Price: \$ _____ Date: _____

Explain if property value was affected by catastrophe or demolition. _____

Is building in housing court or under citation for code violations? YES NO

Signature: _____ Owner Attorney