



CITY OF WAUWATOSA
 OFFICE OF THE CITY ASSESSOR
 CITY HALL
 7725 West North Avenue
 Wauwatosa, WI 53213
 (414) 479-8969
 Fax (414) 479-8972
 www.wauwatosa.net



RE: Parcel #:
 Address:

TYPE _____

Please complete the information requested on this form and the Confidential Rent Roll. The data that we are requesting is related to the income and expenses the building / land generate. Information should be as of January 1st. We are not interested in the income and expenses of the actual business (es).

Use additional sheets if necessary. A copy of your current rent schedule may be attached in lieu of completing the attached Confidential Rent Roll if it provides all of the information outlined.

BUILDING INFORMATION

Gross Building Area - SqFt	Area Currently Leased
Gross Leasable Area - SqFt	Area Currently Vacant

Does the owner occupy any space within the building? Y / N If yes, _____ Sq. Ft.

INCOME SUMMARY

	Year 1	Year 2	Year 3
Rental Income			
Late Fees			
Parking / Garage(s)			
Vending			
Reimbursements – Taxes			
Reimbursements – Maint			
Reimbursements – Utility			
Other (specify)			
Other (specify)			
TOTALS			

INCOME PARTICIPATION – Describe sales percentage rent and/or any other provisions for landlord income participation

SITE INFORMATION

Are you aware of any soil contamination? Y / N
 Do you have a Phase I report? Y / N
 Do you have a Phase II report? Y / N

Is there any Ground Lease(s)? Y / N If yes, include copy of lease

PARKING

Number of Covered Parking Spaces _____
 Number of Surface Parking Spaces _____

EXPENSES

Enter the annual expense prior to tenant reimbursement for the items listed. Round to the nearest dollar. If you list Other Expenses, describe the expense in the space provided. Use estimates if actual data is not available. Prorate expenses that do not occur annually.

		2019	2018	2017
(1) MANAGEMENT	Wages, Salaries & Benefits			
	Insurance			
	Accounting & Legal			
	Marketing (advertising, commissions, etc.)			
	Office / Telephone			
	Other (specify)			
	Other (specify)			
	TOTALS			
(2) UTILITIES	Gas & Electric – Common Area			
	Gas & Electric – Leased Areas			
	Sewer / Water / Garbage			
	Other (specify)			
	TOTALS			
(3) SUPPLIES	Office			
	Janitorial / Custodial			
	Other (specify)			
	TOTALS			
(4) MAINTENANCE & REPAIRS	General Repairs			
	Decorating			
	<i>DO NOT include expenses Listed below under (6)</i>			
	Elevator			
	Grounds / Snow removal			
	<i>Annual Reserves</i>			
	Other (specify)			
	Other (specify)			
TOTALS				
(5) OTHER EXPENSES	Specify			
	Specify			
	Specify			
	TOTALS			
ANNUAL RESERVES FOR REPLACEMENT				
<i>DO NOT include items in Category (4) above</i>				

Are tenants required to reimburse real estate taxes? YES ___ NO ___

Remarks:

Name **(print)** _____ Phone _____

Signature _____ Date _____

Email _____