



Broward County Property Appraiser's Office  
115 S. Andrews Avenue, Room 111  
Fort Lauderdale, Florida 33301  
954.357.6830 Fax: 954.357.8474  
www.bcpa.net

Parcel #  
2007 Value:  
Use Code:

100% Owner Occupied: Yes  No

Dear Commercial Property Owner:

Pursuant to Section 195.027, Florida Statutes, we are requesting the following information from owners of commercial properties:

1. If the property is 100% owner occupied, please check the box above accordingly, complete page one, and sign the bottom of page two. You need not supply any income and expense information.

OR

2. If the property is NOT 100% owner occupied:
  - a. A detailed income and expense report for the calendar or fiscal year 2007.
  - b. A detailed rent roll as of January 1, 2008. If any tenants are on "percentage leases," please state the dollar volume of sales for each tenant and the amount of "percentage rent." Please show "pass thrus" of common expenses, taxes and the like for each tenant.
  - c. A copy of your latest tax return in which the subject property is shown as an asset (i.e. I.R.S. forms 1040, 1120, 8825, 1065), and the Depreciation Schedule.

Under the provisions of Florida law, information you supply is STRICTLY CONFIDENTIAL in the hands of the Property Appraiser. It will not be released to anyone not legally entitled to it.

With this information, our office can accurately determine a fair and just market value. Based upon previously established case law, failure to submit the requested information will prevent you from using this information to seek a lower assessment with the Value Adjustment Board.

If you have any questions, please contact the office at 954-357-6835.

Thank you for your cooperation. All information must be received in our office by April 18, 2008.

Sincerely,

A handwritten signature in black ink that reads "Lori Parrish". The signature is written in a cursive, flowing style.

Lori Parrish, CFA  
Broward County Property Appraiser  
[lori@bcpa.net](mailto:lori@bcpa.net)

**COMMERCIAL PROPERTY DATA**

Owner (s) Name

\_\_\_\_\_  
LAST FIRST

Mailing Address

\_\_\_\_\_  
NUMBER STREET CITY STATE ZIP + 4

Firm's Name

\_\_\_\_\_

Property Address

\_\_\_\_\_  
NUMBER STREET CITY STATE ZIP + 4

**BUILDING AND LAND INFORMATION:**

Building Use \_\_\_\_\_ Size Land Area (Sq. Ft.) \_\_\_\_\_  
Number of Rental Units \_\_\_\_\_ Total Leasable Building (Sq. Ft.) \_\_\_\_\_  
Number of Stories \_\_\_\_\_ Number of Parking Spaces \_\_\_\_\_  
Year Built \_\_\_\_\_ Year Remodeled \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

Real Estate Taxes Paid by  Owner  Tenant Amount \$ \_\_\_\_\_ Percentage of Total  
\_\_\_\_\_ %

**REAL ESTATE SALES INFORMATION:**

Sales Price \$ \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Improvements after Purchase Cost Date  
Land Only  Land and Building  \_\_\_\_\_ \_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_  
\_\_\_\_\_ \_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_

NOTE: A COPY OF YOUR LAST INCOME TAX RETURN FORM RELATING TO THIS PROPERTY OR A CERTIFIED COPY OF THE LAST ANNUAL OPERATING STATEMENT, INCLUDING ALL INCOME AND EXPENSES, WILL BE SUFFICIENT AND PAGE 2 NEED NOT BE COMPLETED.

INCOME FROM \_\_\_\_\_ 20\_\_\_\_\_ TO \_\_\_\_\_ 20\_\_\_\_\_

ANNUAL RENTAL INCOME \$ \_\_\_\_\_  
 OTHER INCOME (Coin, Parking, Sales Tax, etc.) \$ \_\_\_\_\_  
 TOTAL INCOME \$ \_\_\_\_\_

**OPERATING EXPENSES:** (Exclude capital items)

*FIXED EXPENSES:*

INSURANCE, FIRE, HAZARD, LIABILITY \$ \_\_\_\_\_  
 LICENSE FEES, PERMITS \$ \_\_\_\_\_  
 REAL ESTATE TAX \$ \_\_\_\_\_  
**TOTAL FIXED EXPENSES** \$ \_\_\_\_\_

*VARIABLE EXPENSES:*

AIR CONDITIONER, HEAT \$ \_\_\_\_\_  
 CLEANING \$ \_\_\_\_\_  
 DECORATING \$ \_\_\_\_\_  
 GENERAL PAYROLL \$ \_\_\_\_\_  
 GROUNDS & PARKING \$ \_\_\_\_\_  
 LEASING FEES \$ \_\_\_\_\_  
 MAINTENANCE & REPAIR, GENERAL  
 (Exterior Painting, Plumbing, Roof, etc.) \$ \_\_\_\_\_  
 MAINTENANCE & REPAIR,  
 CONTRACTUAL \$ \_\_\_\_\_  
 ACCOUNTING \$ \_\_\_\_\_  
 ADVERTISING \$ \_\_\_\_\_  
 MANAGEMENT FEE \$ \_\_\_\_\_  
 LEGAL \$ \_\_\_\_\_  
 ADMINISTRATIVE AND OFFICE  
 (Clerical, printing, postage, etc.) \$ \_\_\_\_\_  
 MISCELLANEOUS – EXTERMINATING \$ \_\_\_\_\_  
 MISCELLANEOUS – SECURITY \$ \_\_\_\_\_  
 MISCELLANEOUS – SUPPLIES \$ \_\_\_\_\_  
 MISCELLANEOUS – TRASH \$ \_\_\_\_\_  
 PAYROLL TAXES \$ \_\_\_\_\_  
 SALES TAXES \$ \_\_\_\_\_  
 RESERVES FOR REPLACEMENTS \$ \_\_\_\_\_  
 UTILITIES – ELECTRIC \$ \_\_\_\_\_  
 UTILITIES – GAS \$ \_\_\_\_\_  
 UTILITIES – SEWER, WATER \$ \_\_\_\_\_  
**TOTAL VARIABLE EXPENSES** \$ \_\_\_\_\_

**TOTAL ANNUAL OPERATING EXPENSES** \$ \_\_\_\_\_

(% OF TOTAL INCOME \_\_\_\_\_%)

**NET OPERATING INCOME** \$ \_\_\_\_\_

I UNDERSTAND THE PROPERTY APPRAISER MAY REQUIRE SUPPLEMENTAL INFORMATION, OTHER THAN THIS SURVEY, AND I AM WILLING TO COMPLY WITH ANY REASONABLE REQUEST TO FURNISH THE SAME.

I, THE UNDERSIGNED, DO HEREBY CERTIFY THE FACTS AND STATEMENTS IN THE FOREGOING SURVEY ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PRINT NAME	SIGNATURE / POSITION
DATE	PHONE
EMAIL ADDRESS	

Your computerized rent roll may be substituted in place of this form. Please include vacant and/or owner-occupied space.

**COMMERCIAL INCOME SUMMARY**

Project Name \_\_\_\_\_

- PASS THRU\* -

TENANT NAME STORE ADDRESS	LEASE STARTED (M - Y)	DATE EXPIRES (M - Y)	RENEWAL NO (N) YES (Y)	LENGTH OF LEASE	RENTAL AREA (SQ. FT.)	BASE YEARLY RENT	ANNUAL CAM	ANNUAL TAX	ANNUAL INSURANCE	OTHER CHARGES i.e. Parking	YEARLY GROSS RENT \$
*Note: Pass thrus can be stated as a dollar amount, pro-rata (PR) or a % of the total expense.						TOTAL	\$				\$

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE / POSITION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
PHONE