



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 #
2011 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 2011.
 - b. A detailed rent roll as of January 1, 2012. 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 16, 2012.

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

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

 EMAIL ADDRESS

 PHONE

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