

CAMERON APPRAISAL DISTRICT

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Mini Storages / Warehouse Survey

Name of facility: _____ Property ID: _____

Address: _____ Tax Year: _____

Owner/Manager Name: _____ Phone #: _____

Was Property purchased within the last three years if applicable? Yes No

Purchase Price: _____ Sale Date: _____ Lease

Start Date: _____ Lease Expiration Date: _____ Property

Type: Mini Storages or Warehouse? _____

If warehouse, what is its use: Ex Manufacturing, Storage, and Distribution: _____

Total Building Square Footage: _____

Net Leasing Square Footage: _____

Number of Square Feet Climate Controlled (If applicable): _____

Rent Square Foot / Year: _____ or Rent Square Foot / Month: _____

Rent Data for Mini Storages: Attach additional sheets if necessary.

# of units	Size	Monthly Rent	Total Income	Climate Controlled
Ex. 10 units	120	\$75	\$750	Yes or No

Typical Occupancy Percentage: _____

Secondary Income/Year: _____

List Typical Operating Expenses: _____

Typical Operating Expense Percentage: _____

Expenses: (Select Tenant or Owner)

\$ Amount

	Tenant	Owner	
Common Area Maintenance Paid by:	Tenant	Owner	
Building Insurance Paid by:	Tenant	Owner	
Property Taxes Paid by:	Tenant	Owner	
Water Paid by:	Tenant	Owner	
Light Paid by:	Tenant	Owner	

I request that this information be kept confidential. Yes No

By signing below, I certify that the above information is true and correct.

Signature: _____

Print Name: _____

Title: _____

Date: _____