

# CAMERON APPRAISAL DISTRICT

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## Retail / Office Building Survey

Tenant Name: \_\_\_\_\_ 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: \_\_\_\_\_

Business Type: Office or Retail? \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease Expiration Date: \_\_\_\_\_

Total Building Square Footage: \_\_\_\_\_

Net Leasing Square Footage: \_\_\_\_\_

Rent Square Foot / Year: \_\_\_\_\_

Secondary Income/Year: \_\_\_\_\_

List Typical Operating Expenses: \_\_\_\_\_

\_\_\_\_\_

Typical Operating Expense Percentage: \_\_\_\_\_

**Expenses: (Select Tenant or Owner)      \$ Amount**

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: \_\_\_\_\_