

CAMERON APPRAISAL DISTRICT

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Shopping Center Survey

Property Name: _____ Property ID: _____
 Address: _____ Tax Year: _____
 Owner/Manager Name: _____ Phone #: _____
 Was Property purchased within the last three years? Yes No
 Purchase Price: _____ Sale Date: _____
 Total Building Square Footage: _____

Rent Data: List all tenants who currently occupy property. Attach additional sheets if necessary.

Tenant Name	Net Square Foot Leased	Rent per Square foot/year	Lease Start Date	Lease Expiration Date

Typical Occupancy Percentage: _____
 Secondary Income/Year: _____
 List Typical Operating Expenses: _____

 Typical Operating Expense Percentage: _____

Expenses: (Circle 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: _____