	2016/17	NASSAU COUNTY ASSESSMENT REVIEV	V COMMISSION COMMERCIAL RENT ROLL	2015
SEC	BLK	LOT	ADDRESS	
TX# (If known)			EUN#(If known)	

* ALL SPACE INCLUDING OWNER OCCUPIED AND VACANT SPACE MUST BE LISTED *

TENANT NAME	USE	UNIT# or ADDRESS	LEASED SQ FT	ORIGINAL LEASE START DATE	CURRENT LEASE TERMS	MONTHLY RENT	RENT INCREASES	REAL ESTATE TAX PERCENTAGE	ADD'L CHARGES
TOTAL SQ FT									

COMMENTS:

CERTIFICATION (MANDATORY)

I certify, under penalty of perjury, that the information contained within this form and the attached Income and Expense Statement is accurate and truthful.