	2016/17	NASSAU COUNTY ASSESSN	IENT REVIEW COMMISSION R	ESIDENTIAL 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	LEASED SQ FT	# BEDROOMS	#BATHS	ORIGINAL LEASE START DATE	CURRENT LEASE TERMS	MONTHLY RENT	PARKING GARAGE RENT (\$) or N/A	HEAT PAID BY TENANT (Yor N)
TOTAL BLDG 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.