NASSAU COUNTY ASSESSMENT REVIEW COMMISSION COMMERCIAL RENT ROLL

2008

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	ADD'L CHARGES
	TOTAL SQ FT								

COMMENTS: