NASSAU COUNTY ASSESSMENT REVIEW COMMISSION RESIDENTIAL RENT ROLL

2024/25								2023
SEC	BLK		_	LOT		ADDRESS		
X# (If known)	<u></u>					EUN#(If known)		
*	ALL SPACE INC	LUDING OWN	ER OCC	CUPIED AND VA	CANT SPACE N	IUST BE LISTE	D *	
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 TENAN (Yor N)
OTAL BLDG SQ FT]						
COMMENTS:								
CERTIFICATION (MAN	DATORY)							
certify, under penalty of pruthful.		rmation containe	ed within	this form and the a	attached Income ar	nd Expense Stater	nent is accurat	e and
			-					
SIGNATURE			-	NAME (PLEASE PI	RINT)			DATE