

## RENT ROLL FORM

Building Address:				Date:			Property Type:		
Owner Name:				Phone:			Owner Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, %:      %		
Manager's Name:				Phone:			Most Recent Lease Date:		
1	2	3	4	5	6	7	8	9	10
	Tenant Name (list vacant space at the bottom with asking rent in columns 4 & 5)	SF Leased/ Vacant	Annual Rate PSF	Additional Rent (CAM & Tax) PSF	Initial Lease Date	Start Date	End Date	Options	Comments
1			\$	\$					
2			\$	\$					
3			\$	\$					
4			\$	\$					
5			\$	\$					
6			\$	\$					
7			\$	\$					
8			\$	\$					
9			\$	\$					
10			\$	\$					
11			\$	\$					
12			\$	\$					
13	Vacant		\$	\$					
14	Vacant		\$	\$					
15	Vacant		\$	\$					
	Total/Avg		\$	\$					

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_