

CITY OF STEVENS POINT ASSESSOR'S OFFICE
COMMERCIAL OPERATING STATEMENT

| | |
|---------------------------|----------------------|
| Parcel Number | Date |
| Address | Building Name |
| Total Gross Building Area | Total Retail Area |
| Net Rentable Area | Total Office Area |
| Current Vacancy Rate (%) | Total Warehouse Area |

| COMMERCIAL RENTAL/LEASE DATA | | | | | | | | | |
|------------------------------|-------------|-------------------|--------------|-------------------|------|----|-----------------------------------|--|--|
| Income | | | | Escalation Clause | | | Rent Per Year | | |
| Rental Area (Sq. Ft.) | Floor level | Tenant Name (Use) | Lease Length | Yes | Type | No | Rental Rates for the past 3 years | | |
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| APARTMENT/HOTEL/MOTEL DATA (✓ Appropriate Feature Included In Rent) | | | | | | | | | | | | |
|--|------|------|---------------------|------|------|---------------|------|-----------------------|---------------|------|------|--|
| <input type="checkbox"/> Range <input type="checkbox"/> Dishwasher <input type="checkbox"/> Washer <input type="checkbox"/> Carpet <input type="checkbox"/> Gas <input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Refrigerator <input type="checkbox"/> Disposal <input type="checkbox"/> Electric <input type="checkbox"/> Drapes <input type="checkbox"/> Heat <input type="checkbox"/> Sewer <input type="checkbox"/> Fireplace | | | | | | | | | | | | |
| One Bedroom | | | Two Bedroom | | | Three Bedroom | | | _____ Bedroom | | | |
| # Units | Type | Rent | # Units | Type | Rent | # Units | Type | Rent | # Units | Type | Rent | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Parking | | # | Covered Units at \$ | | | | # | Uncovered Units at \$ | | | | |

| | Income for the past 3 years | | |
|------------------------------|-----------------------------|----|----|
| Potential Gross Income | \$ | \$ | \$ |
| Other Income | \$ | \$ | \$ |
| Collection Loss Rate (____)% | \$ | \$ | \$ |
| Vacancy Rate (____)% | \$ | \$ | \$ |
| Effective Gross Income | \$ | \$ | \$ |

ENTER EXPENSE INFORMATION ON REVERSE SIDE

**ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL*

Are leases on a triple net basis? Yes ___ No ___

| EXPENSE INFORMATION | | | |
|---|-------------------------------|----|----|
| Expenses | Expenses for the past 3 years | | |
| Management | \$ | \$ | \$ |
| Reserves for Replacement | \$ | \$ | \$ |
| Security Patrol | \$ | \$ | \$ |
| Payroll (Maintenance Employee) | \$ | \$ | \$ |
| Trash Removal | \$ | \$ | \$ |
| Utilities | \$ | \$ | \$ |
| Maintenance | \$ | \$ | \$ |
| Ground Lease | \$ | \$ | \$ |
| Insurance | \$ | \$ | \$ |
| Miscellaneous (Snow Removal, Lawn Mowing, Etc.) | \$ | \$ | \$ |
| Total Expenses (minus) | \$ | \$ | \$ |
| Net Income Before Taxes & Recapture | \$ | \$ | \$ |
| Current Real Estate Taxes | \$ | \$ | \$ |

| | | | |
|-------------|--|--|--------------------|
| Market Data | Purchased Land Only For \$ _____ in _____. | Purchased Land & Buildings For \$ _____ in _____. | Land Size _____ |
| | Please indicate the amount, if any, of the purchase price paid for consideration other than real estate. Items: _____ Amount \$ _____ | | |

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|-----------------|
| Remodeling Data |
|-----------------|

Have you remodeled or made capital improvements in the last 5 years? ___ If yes, briefly describe and provide costs below.

| |
|-----------------------|
| New Construction Cost |
|-----------------------|

If within the last two years.

Name (Print)

Date

Phone (work)

Signature

Email

Phone (cell)

Please return completed form to:

City of Stevens Point Assessor's Office
1515 Strong's Ave
Stevens Point, WI 54481

Email: assessor@stevenspoint.com

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