

Real Property Division P.O. Box 1146 Fresno, CA 93715 assessor.co.fresno.ca.us (559) 600-3534 Option #1

Request for Informal Assessment Review Commercial Properties

Parcel Nu	mber(s):
Property A	Address:
	FANT Please submit this form (and/or additional supporting documentation) by May 1st. For all information call (559) 600-3534 Option #1, weekdays between 9 A.M. and 4 P.M.
MAIL: FAX: E-MAIL:	Fresno County Assessor's Office, Attn: Commercial Division , P.O. Box 1146, Fresno, California 93715 (559) 600-1480 rp.commercial@fresnocountyca.gov

Note: In lieu of completing any portion of this form, you may attach the following:

- Current year pro-forma or budget
- 3 years historical income and expense statements
- Rent roll and CAM reconciliation (include terms, escalations, tenant Improvements, concessions and rent type)

Below, please indicate vacancies under the name of tenant. If the tenant pays all the taxes, write "ALL" in the section headed "Property Taxes". Indicate in the "Remarks" section on the other side of this form if rent includes personal property, fixtures, or equipment. Attach additional pages if necessary.

				Month	& Year	E	xpens (F	es Pa lease	id by chec	Tena k)	nt
Space No.	Name of Tenant	Size of Space in Sq.Ft.	Monthly Rent	Beginning Date Of Lease	End Date of Lease	Exterior Maintenance	Interior Maintenance	Property Taxes	Insurance	Utilities	Other

Do any of the leases include	☐ Yes	□ No					
If yes, indicate which tenan	ts and base year)					
f the property were 100% oc otal number of rentable un	ntal \$						
Average vacancy rate:	-	Per					
What is your standard allow	<u> </u>	Per					
las any tenant installed the	☐ Yes	□ No					
f yes, please describe:							
Please describe any rent co							
riease describe any rent co	ncessions.						
Annual Expenses P	aid by the Ow	ner - Last 3 Years +	Current Year Pro-Fo	rma or Budget			
Year							
Administration	\$	\$	\$	\$			
Insurance	\$	\$	\$	\$			
Janitorial	\$	\$	\$	\$			
_andscape, Parking Lot	\$	\$	\$	\$			
Management	\$	\$	\$	\$			
Property Taxes	\$	\$	\$	\$			
Repairs & Maintenance	\$	\$	\$	\$			
Security	\$	\$	\$	\$			
Tenant Improvements	\$	\$	\$	\$			
Municipal Utilities	\$	\$	\$	\$			
Other Utilities	\$	\$	\$	\$			
Other	\$	\$	\$	\$			
REMARKS							
Please sign below and provi	de a daytime ph	one number and e-mail a	ddress.				
Signature of Owner	r or Lessee	Date	Daytime Teleph	none Number			
Print Nan	ne		E-mail Address				