



OFFICE OF ASSESSOR COUNTY OF ALAMEDA

ADMINISTRATION BUILDING, ROOM 145, 1221 OAK STREET
OAKLAND, CALIFORNIA 94612-4288
(510) 272-3787 / FAX (510) 272 -3803

PHONG LA
ASSESSOR

CONFIDENTIAL

SUBJECT PROPERTY

APN: _____ USE: _____
LOCATION: _____ DATE: _____
PERMIT NO: _____ AMOUNT: _____
TYPE: _____ DATE: _____
DEED NO: _____

OFFICE BUILDING QUESTIONNAIRE

PLEASE RETURN WITHIN 15 DAYS

<p>1.</p> <p>Total Gross Area: _____ Sq. Ft.</p> <p>Total Net Rentable Office Area: _____ Sq. Ft.</p> <p>Single Tenant <input type="checkbox"/> Multi-Tenant <input type="checkbox"/></p> <p>Is Building Owner-Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Partially <input type="checkbox"/> If partially, % Occupied _____ Sq. Ft.</p>	<p>2. For the 12 Month Period Reported:</p> <p>* Scheduled Gross Income from Rents \$ _____</p> <p>Scheduled Parking Income (if not included above) \$ _____</p> <p>Other: (storage, cell towers, signs, concessionaires, etc.) \$ _____</p> <p>Collection Losses: \$ _____</p> <p>Vacancy: _____ %</p> <p>* Show breakdown on reverse</p>
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3. ANNUAL EXPENSES		PAID BY		Amount Pd - Anticipated - Allowance	Assessor's Use Only
TYPE	Owner	Tenant			
Management	<input type="checkbox"/>	<input type="checkbox"/>			
Insurance	<input type="checkbox"/>	<input type="checkbox"/>			
Repairs - Maintenance	<input type="checkbox"/>	<input type="checkbox"/>			
Elevator Maintenance	<input type="checkbox"/>	<input type="checkbox"/>			
Janitorial/Cleaning	<input type="checkbox"/>	<input type="checkbox"/>			
Utilities	<input type="checkbox"/>	<input type="checkbox"/>			
Security	<input type="checkbox"/>	<input type="checkbox"/>			
CAM Charges	<input type="checkbox"/>	<input type="checkbox"/>			
Expense Stops	<input type="checkbox"/>	<input type="checkbox"/>			
Pass-Throughs	<input type="checkbox"/>	<input type="checkbox"/>			
Other: <u>Please list</u>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
TOTALS					

Please fill in Section 4 on reverse

I certify that this information is true and correct to the best of my knowledge:

Signature of Owner or Agent

Print Name

Telephone

Date

