



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: _____

RESTAURANT QUESTIONNAIRE

Please provide this office with the following information concerning your restaurant operation, identified under "Subject Property" above.

Most recent 12 month period: from _____ to _____.

Sales Income: (Less taxes)

Food \$ _____
Beverage \$ _____
Other \$ _____
Total \$ _____

Property Expenses You Pay:

Insurance \$ _____ Utilities \$ _____
Int. Maint. \$ _____ Repairs \$ _____
Ext Maint. \$ _____ R.E. Taxes \$ _____
Grounds Maint. \$ _____
Other (Specify) _____

Lease Information:

Land: Lease ____ (square footage _____) or Own ____; Building: Lease ____ or Own ____

Lease Origination Date: _____ Term: _____ Option Term:(s) _____

Minimum Monthly Rent: \$ _____

Is there a percentage rent also: Yes ____ No ____

If so, what is the percentage: _____%

Basis on which percentage rental is calculated: _____

Annual rent during above 12 month period:

Minimum \$ _____
Percentage \$ _____
Total \$ _____

I certify that the foregoing is true, correct and complete to the best of my knowledge.

Signature of Owner or Agent _____ Print Name _____ Telephone _____ Date _____