



# OFFICE OF ASSESSOR COUNTY OF ALAMEDA

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

**CONFIDENTIAL**

**PHONG LA  
ASSESSOR**

**SUBJECT PROPERTY**

**APN:** \_\_\_\_\_ **USE:** \_\_\_\_\_  
**LOCATION:** \_\_\_\_\_  
**PERMIT NO:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**TYPE:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_  
**DEED NO:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**THEATRE QUESTIONNAIRE**

1. Please Enter Information For Any Portion Not Occupied by Owner	Date Lease Term Commenced	Length of Lease	Square Foot Area Rented	Base Monthly Rent	Average Monthly Overage Rent
Tenant					
Theatre:					
Concessionaire:					
Resturant/Food Service:					
Other:					

<b>2. CAPACITY</b>	
# OF SCREENS	_____
# OF SEATS	_____
SEATS PER SCREEN	_____
STADIUM SEATING	_____
ANNUAL ATTENDANCE	_____

<b>3. ANNUAL INCOME</b>	
GROSS ADMISSONS	\$ _____
CONCESSION ADMISSONS	\$ _____
CONCESSION NET	\$ _____
MISCELLANEOUS INCOME	\$ _____

<b>4. REAL ESTATE INCURRED EXPENSES</b>		
TYPE	OWNER	TENANT
MANAGEMENT	\$ _____	\$ _____
INSURANCE	\$ _____	\$ _____
REAL ESTATE TAXES	\$ _____	\$ _____
UTILITIES	\$ _____	\$ _____
MAINTENANCE	\$ _____	\$ _____
REPAIRS	\$ _____	\$ _____
(OTHER)	\$ _____	\$ _____
	\$ _____	\$ _____

<b>5. BUSINESS INCURRED EXPENSES</b>	
TYPE	AMOUNT
PROGRAM COST	\$ _____
MANAGEMENT	\$ _____
INSURANCE	\$ _____
ADVERTISING	\$ _____
SALARIES AND WAGES (INCLUDING PAYROLL TAXES)	\$ _____
(OTHER)	\$ _____
	\$ _____

**6: TENANT ALTERATION:**

ALTERATIONS COMPLETED \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

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

Signature of Owner/Agent \_\_\_\_\_ Print Name \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_