	2026/27		NASSAU	COUNTY A	SSESSMENT R	REVIEW COMM	ISSION COMME	ERCIAL RENT RO	DLL	2025
	SEC	BLK	·	LOT				ADDRESS		
	TX# (If known)			-		•		EUN#(If known)		
* ALL SPACE INCLUDING OWNER OCCUPIED AND VACANT SPACE MUST BE LISTED *										
	TENANT NAME	USE	UNIT# or ADDRESS	LEASED SQ FT	ORIGINAL LEASE START DATE	CURRENT LEASE TERMS	MONTHLY RENT	RENT INCREASES	REAL ESTATE TAX PERCENTAGE	ADD'L CHARGES
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	TOTAL SQ FT			
COMMENTS:				
COMMENTS.				

CERTIFICATION (MANDATORY)
I certify, under penalty of perjury, that the information contained within this

I certify, under penalty of perjury, that the information contained within this form and the attached Income and Expense Statement is accurate and truthful.

SIGNATURE NAME (PLEASE PRINT) DATE