

# OFFICE AND RETAIL LEASE SURVEY

Property ID # \_\_\_\_\_ Physical Address: \_\_\_\_\_ Sq. Footage: \_\_\_\_\_

Property Type: Office \_\_\_\_\_ Retail \_\_\_\_\_ Other: \_\_\_\_\_

Is this property: \_\_\_\_\_ Currently Leased \_\_\_\_\_ Available for Lease \_\_\_\_\_ Personal Use \_\_\_\_\_

Typical Lease Terms: \_\_\_\_\_ Five Year \_\_\_\_\_ Three Year \_\_\_\_\_ One Year \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_

Monthly Lease Rate: \_\_\_\_\_ Annual Lease Rate: \_\_\_\_\_ Other: \_\_\_\_\_

Does Lease include any personal property equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, dollar amount attributed to equipment: \_\_\_\_\_

Lease Terms: Number of Years \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Lessee – Company or Individual's Name: \_\_\_\_\_

Utilities paid by Lessor/Owner: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which utilities are paid and estimate of expense: \_\_\_\_\_

Percent of vacancy during 2024 calendar year (if applicable): \_\_\_\_\_

Number of months property was 100% vacant during 2024 calendar year (if applicable): \_\_\_\_\_

Expense	Est. of Annual Expense	Paid By	Paid By
Property Insurance:	\$ _____	Owner	Tenant
Real Estate Taxes:	\$ _____	Owner	Tenant
Property Maintenance	\$ _____	Owner	Tenant
Other:	\$ _____	Owner	Tenant

\_\_\_\_\_  
Owner/Lessor Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

**Please attach your 2024 calendar year Rent Roll (if applicable) and attach additional information if needed.**