



STATE OF FLORIDA
LEE COUNTY PROPERTY APPRAISER
KENNETH M. WILKINSON, C.F.A.



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SINGLE OCCUPANT WAREHOUSE FACILITIES
(DOR 41 TO 49 NOI)
Income Questionnaire Instructions

Note: All information that you submit in response to this questionnaire will be held in strict confidence, as mandated by Florida Statute 195.027.

It is my responsibility as your Lee County Property Appraiser to annually determine the market value of all property in our county.

In order to achieve the greatest possible accuracy in the valuation of Single Occupant Warehouse properties, this office each year conducts an income and expense survey. This survey information will be analyzed for the identification of market conditions in year 2011, and most importantly your specific property conditions and financial operation.

All supported information generated by this survey will be used to develop typical appraisal parameters and valuation models for Single Occupant Warehouse's in Lee County.

If you fail to respond to this survey, the Lee County Property Appraiser will be required to assess your property utilizing strictly market parameters, as we would not have your specific financials when preparing valuation models and finalizing the Tax Roll. **Failure to submit the requested income data by April 30th, 2012 will preclude the Lee County Property Appraiser from considering the income data for the current tax year.**

If you would like assistance in completing the *income questionnaire*, you may contact:
DOUG STEINER at (239) 533-6237 or e-mail **Steinerd@Leepa.org** of the Commercial Department.

Thank you in advance for your anticipated cooperation.

Respectfully requested,

A handwritten signature in black ink that reads "K. M. Wilkinson".

Kenneth M. Wilkinson, C.F.A.
Lee County Property Appraiser

SINGLE OCCUPANT WAREHOUSE FACILITIES (DOR 41 TO 49 NOI)

INCOME AND EXPENSE QUESTIONNAIRE
FOR PERIOD BEGINNING 01/01/11 AND ENDING 12/31/11
RESPONSE DEADLINE APRIL 30, 2012

PLEASE ATTACH FULL YEAR 2011 PROFIT & LOSS STATEMENT AND RENT ROLL

STRAP: _____ OWNER NAME: _____

SITE ADDRESS: _____

Business Name of Warehouse Facility: _____

Is the property 'Owner-Occupied'?

YES _____ It is not necessary to submit additional information at this time, please sign, date and return the form in the postage paid envelope.

NO _____ Please fill out the form below and provide any additional information requested. When complete, sign, date and return this form in the postage paid envelope.

1. Total leasable area (INCLUDE ALL VACANT AREAS) _____ SF
2. Owner's occupied square footage _____ SF
3. Avg Base Rent per square SF in 2011 \$ _____
4. Avg annual CAM & other charges per SF \$ _____

INCOME & EXPENSE DATA

- 1 PGI- POTENTIAL GROSS INCOME(ASSUME 100% OCCUPIED): \$ _____
- 2 VACANCY/COLLECTIONS(CALCULATED FROM PGI): \$ _____ OR _____ %
- 3 EGI- ACTUAL BASE RENT COLLECTED: \$ _____
- 4 EGI- ACTUAL CAM/OTHER RENTS COLLECTED: \$ _____
- 5 TOTAL EXPENSES (CALCULATED FROM BELOW): \$ _____
- 6 NOI (TOTAL RENTS COLLECTED MINUS EXPENSES): \$ _____
- 7 MISC INCOME (OPEN STORAGE, APT, ETC): \$ _____

EXPENSES

UTILITIES	\$ _____
PROPERTY INSURANCE	\$ _____
MANAGEMENT FEES	\$ _____
MAINTENANCE & REPAIR	\$ _____
SALARIES	\$ _____
ADVERTISING / MARKETING	\$ _____
RESERVES FOR REPLACEMENT (SPECIFY)*	\$ _____
SUPPLIES	\$ _____
OTHER (SPECIFY)*	\$ _____
 TOTAL OPERATING EXPENSES	 \$ _____

*** Failure to specify these items will exclude those expenses from being considered.**

Please specify/detail the expenses: _____

Completed by: _____ Date: ____/____/____ Phone: () _____