FRANKFORT TOWNSHIP ASSESSOR
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20___ RENT ROLL
INDUSTRIAL / COMMERCIAL

Subject Property Address:_____
_____

PIN:_____

SF Leased	Tenant/Unit	Use	Start Date	End Date	Lease Type (Gross/Net/Triple Net)	Rent per SF/Month CAM $PSF

(Attach a separate sheet if necessary)

I,_____, being duly sworn on oath state as follows with respect to the property at Frankfort

Township, _____, _____
(Address) (Property Index Number)

Subscribe and sworn before me, this_____, day of_____, 20_____

_____ _____
Notary Public Signature of Affiant