



2025/26

NASSAU COUNTY ASSESSMENT REVIEW COMMISSION COMMERCIAL RENT ROLL

2024

SEC _____
TX# (if known) _____

BLK _____

LOT _____

ADDRESS _____
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
TOTAL SQ FT									

COMMENTS:

CERTIFICATION (MANDATORY)
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