City of Boston Assessing Department

FORM A - Apartment / Lodging Rent Information Requisition FY 2008

Parcel Location:

Information on this form will be held confidential. Return this form within 60 days of the date on the enclosed cover letter.

Certified Mail Number:

NEW! FILE YOUR DATA ONLINE!
Go to www.cityofboston.gov/assessing for details

EXPENSES

Please provide the property expense information for the period 1/1/2006 - 12/31/2006. Columns denote party responsible for payment.

Administrative	Owner	Tenant
Payroll		
Management		
Legal		
General Services		
Security		
Total		

Cleaning	Owner	Tenant
Payroll		
Contracts		
Heat/Cool (HVAC)		
Trash		
Miscellaneous		
Total		

Repairs and Maintenance	Owner	Tenant
Payroll		
Elevators		
Heat/Cool (HVAC)		
Electrical		
Plumbing		
Supplies		
Miscellaneous		
Total		

Utilities	Owner	Tenant
Electric		
Tenant Electric		
Gas		
Oil		
Steam		
Water		
Total		

Leasing Expenses	Owner	Tenant
Advertising		
Commissions		
Free Rent		
Tenant FitOut		
Lease Buyouts		
Total		

Fixed Expenses	Owner	Tenant
Buildings Insurance		
Replacement Reserves		
Extraordinary Expenditures		
Gov't Mandated Improvements		
Total		
Grand Total		
Combined Owner and Tenant Total		

Sign Here

As required by Massachusetts General Laws Chapter 59, Section 38D, I declare under oath that I have read this return and that, to the best of my knowledge and belief, this return is true, correct and complete.

PRINT NAME:_____

SIGNATURE:_____

DATE: _____/____/_____ PHONE: ( ) _____ - _____

RETURN THIS FORM TO:
Research Unit / 38D
ASSESSING DEPARTMENT
P.O. BOX 9712
BOSTON, MA 02114

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Residential Rental Information

Please provide the following rental information. The effective date is January 1, 2007.

CAD 007

				Rent Incentives				
Unit Type	**Tenant Name**	**Square Feet**	**Rent per Month**	**Number of Free Months**	**Dollar Amount**	**Tenant Start Date (Mo/Yr)**	**Heated? (Y/N)**	**Lease or Tenant at Will?**

Sign Here

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Complete Expenses section on the next page, then return here and sign below.

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