



***2020 Commercial Operating Statement***

Parcel #	Property Address
Total Gross Building Area	Total Retail Area
Net Rentable Area	Total Office Area
Current Vacancy Rate %	Total Warehouse Area

COMMERCIAL RENTAL/LEASE DATA									
Income				Escalation Clause			Rent Per Year		
Rental Sq. Ft. Area	Floor level	Tenant Name	Lease Length	Yes	Type	No	2016	2017	2018

APARTMENT/HOTEL/MOTEL DATA (✓ Features Included In Rent)												
<input type="checkbox"/> Range	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Carpet	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Gas	<input type="checkbox"/> Heat	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Disposal	<input type="checkbox"/> Drapes	<input type="checkbox"/> Washer/Dryer	<input type="checkbox"/> Electric	<input type="checkbox"/> Sewer	
One Bedroom			Two Bedroom			Three Bedroom			_____ Bedroom			
# Units	Type	Rent	# Units	Type	Rent	# Units	Type	Rent	# Units	Type	Rent	
Parking		#	Covered Units at \$				#	Uncovered Units at \$				

INCOME	2016	2017	2018
Potential Gross Income	\$	\$	\$
Other Income	\$	\$	\$
Collection Loss Rate (____)%	\$	\$	\$
Vacancy Rate (____)%	\$	\$	\$
Effective Gross Income	\$	\$	\$

Are leases on a triple net basis?    Yes\_\_\_\_    No\_\_\_\_  
**(Please complete the back of this form.)**



**CITY OF WISCONSIN RAPIDS ASSESSOR'S OFFICE**

\* Confidential \*

EXPENSES	2016	2017	2018
Management	\$	\$	\$
Reserves for Replacement	\$	\$	\$
Security Patrol	\$	\$	\$
Payroll (Maintenance Employee)	\$	\$	\$
Trash Removal	\$	\$	\$
Utilities	\$	\$	\$
Maintenance	\$	\$	\$
Ground Lease	\$	\$	\$
Insurance	\$	\$	\$
Miscellaneous (Snow Removal, Lawn Moving, Etc.)	\$	\$	\$
Other Expenses (List Type of Expense):			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Expenses	\$	\$	\$
(minus)			
Net Income Before Taxes & Recapture	\$	\$	\$
Current Real Estate Taxes	\$	\$	\$

Market Data	Purchased Land Only For \$ _____ in _____.	Purchased Land & Buildings For \$ _____ in _____.	Land Size
	Please indicate the amount, if any, of the purchase price paid for consideration other than real estate. Items: _____ Amount \$ _____		

Remodeling Data	Have you remodeled or made capital improvements in the last 5 years? ____ If yes, briefly describe and provide costs below.  _____ _____
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New Construction Cost	Within the last two years. \$ _____
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_____ Signature, Owner, Mgt. or Agent	_____ Telephone (Home)	_____ Telephone (Work)
_____ Date	_____ Telephone (Cell)	

**Please Return Completed Form To:**  
 City of Wisconsin Rapids Assessor's Office  
 444 West Grand Ave  
 Wisconsin Rapids, WI 54495-2780  
 Phone: 715-421-8230 Fax: 715-421-8291 Email: [assessoroffice@wirapids.org](mailto:assessoroffice@wirapids.org)

Revised 6/2019

**All information submitted is considered CONFIDENTIAL and will be used only for assessment purposes.**