

**YEAR:
2020**



FREDERICK COUNTY, VIRGINIA
Seth T. Thatcher, Commissioner of the Revenue
P.O. Box 552, Winchester VA 22604-0552
www.fcva.us/cor Fax: 540-667-6487
Troy Badman tbadman@fcva.us Phone: 540-722-8323

**FILING DEADLINE:
February 1 (or first
business day thereafter)**

ANNUAL REPORTING OF COMMERCIAL LESSORS

PROPERTY OWNER INFORMATION									
Name(s):			Address:						
Email Address:				Telephone No.:					
LEASE / RENTAL INFORMATION [Attach additional sheets with Lessor/Renter information if necessary.]									
Typed of Leased or Rented Property:		<input type="checkbox"/> Office Building		<input type="checkbox"/> Shopping Center		<input type="checkbox"/> Warehouse		<input type="checkbox"/> Government Lease	
		<input type="checkbox"/> Other: _____							
Lessor/Renter Name(s):			Type of Lease:			<input type="checkbox"/> N <input type="checkbox"/> NN			
Trading As Name (if applicable):			<input type="checkbox"/> NNN			<input type="checkbox"/> Gross Lease			
Address:			Telephone No.:						
Mailing Address (if different):									
No. of Sq. Ft.:		Monthly Rent:		Vacancy Rate:		Term of Lease (mos):			
Lessor/Renter Name(s):			Type of Lease:			<input type="checkbox"/> N <input type="checkbox"/> NN			
Trading As Name (if applicable):			<input type="checkbox"/> NNN			<input type="checkbox"/> Gross Lease			
Address:			Telephone No.:						
Mailing Address (if different):									
No. of Sq. Ft.:		Monthly Rent:		Vacancy Rate:		Term of Lease (mos):			
Lessor/Renter Name(s):			Type of Lease:			<input type="checkbox"/> N <input type="checkbox"/> NN			
Trading As Name (if applicable):			<input type="checkbox"/> NNN			<input type="checkbox"/> Gross Lease			
Address:			Telephone No.:						
Mailing Address (if different):									
No. of Sq. Ft.:		Monthly Rent:		Vacancy Rate:		Term of Lease (mos):			
Lessor/Renter Name(s):			Type of Lease:			<input type="checkbox"/> N <input type="checkbox"/> NN			
Trading As Name (if applicable):			<input type="checkbox"/> NNN			<input type="checkbox"/> Gross Lease			
Address:			Telephone No.:						
Mailing Address (if different):									
No. of Sq. Ft.:		Monthly Rent:		Vacancy Rate:		Term of Lease (mos):			
Lessor/Renter Name(s):			Type of Lease:			<input type="checkbox"/> N <input type="checkbox"/> NN			
Trading As Name (if applicable):			<input type="checkbox"/> NNN			<input type="checkbox"/> Gross Lease			
Address:			Telephone No.:						
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No. of Sq. Ft.:		Monthly Rent:		Vacancy Rate:		Term of Lease (mos):			
Lessor/Renter Name(s):			Type of Lease:			<input type="checkbox"/> N <input type="checkbox"/> NN			
Trading As Name (if applicable):			<input type="checkbox"/> NNN			<input type="checkbox"/> Gross Lease			
Address:			Telephone No.:						
Mailing Address (if different):									
No. of Sq. Ft.:		Monthly Rent:		Vacancy Rate:		Term of Lease (mos):			
CERTIFICATION									
The owner must sign and date this form. If the property owner is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign.									
I declare, under penalty of perjury, (1) that the foregoing information is complete, true, and correct to the best of my knowledge and belief, and (2) that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.									
Signature			Print Name			Title or Capacity for Signing			Date