

**YEAR:
2019**



FREDERICK COUNTY, VIRGINIA
 Ellen E. Murphy, Commissioner of the Revenue
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**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.:							
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):					
CERTIFICATION											
<p>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.</p> <p>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.</p>											
_____ Signature			_____ Print Name			_____ Title or Capacity for Signing			_____ Date		