

**Town of North Branford Assessor's Office
Cellular Tower
Income and Expense Survey for Calendar Year 2009**

Name of Lessee: _____

Address of Lessee: _____

Description of
Leased Premises: _____

Lease Term: Start date: _____ End date: _____

Options for
Lease extension: _____

Annual Rent: _____

Rent Esc: _____

Annual Expenses*: _____

Total Operating Exp: _____

Net Operating Inc.: _____

If you have any questions regarding the information requested, please feel free to contact the Assessor's Office Monday – Friday, 8:30 am – 4:30 pm.

*Utilities, Payroll (exclude management), Supplies, Management, Insurance, Common Area Maintenance, etc. If all expenses are passed through to the lessee, please note.