

**ASSESSOR'S OFFICE  
CITY OF SUN PRAIRIE  
COMMERCIAL OPERATING STATEMENT FOR 2021**

PARCEL NUMBER: _____
OWNER NAME: _____
LOCATION: _____

GENERAL PROPERTY INFORMATION	
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	2018	2019	2020

APARTMENT/HOTEL/MOTEL DATA (√ Appropriate Feature Included in Rent)												
<input type="checkbox"/> Range <input type="checkbox"/> Dishwasher <input type="checkbox"/> Water <input type="checkbox"/> Carpet <input type="checkbox"/> Sewer <input type="checkbox"/> Fireplace <input type="checkbox"/> Refrigerator <input type="checkbox"/> Disposal <input type="checkbox"/> Electric <input type="checkbox"/> Drapes <input type="checkbox"/> Gas <input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Heat												
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 \$				

	2018	2019	2020
Potential Gross Income	\$	\$	\$
Other Income	\$	\$	\$
Collection Loss Rate _____%	\$	\$	\$
Vacancy Rate _____%	-\$	-\$	-\$
Effective Gross Income	\$	\$	\$

**ENTER EXPENSE INFORMATION ON REVERSE SIDE**

Parcel Number: 12-3456-7890

Please return completed form to:  
**Assessor's Office**  
**City of Sun Prairie**  
**300 East Main St.**  
**Sun Prairie, WI 53590**

Please list expenses paid by the owner.

Are leases on a triple net basis? YES \_\_\_ NO \_\_\_

EXPENSES	2018	2019	2020
Management	\$	\$	\$
Reserves for Replacement	\$	\$	\$
Security Patrol	\$	\$	\$
Payroll (Maintenance Employee)	\$	\$	\$
Trash Removal	\$	\$	\$
Utilities	\$	\$	\$
Maintenance	\$	\$	\$
Ground Lease	\$	\$	\$
Insurance	\$	\$	\$
Miscellaneous (Snow Removal, Lawn Mowing, Etc.)	\$	\$	\$
Total Expenses (minus)	\$	\$	\$
Net Income Before Taxes & Recapture	\$	\$	\$
Current Real Estate Taxes	\$	\$	\$

Market Data	Purchased Land Only For \$ _____ in 21 ____	Purchased Land & Buildings For \$ _____ in 21 ____	Land Size
	Please indicate the amount, if any, of the purchase price paid for considerations 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.

New Construction Cost

If within last two years. \$

\_\_\_\_\_  
Signature, Owner, Mgt. or Agent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone