

**INCOME AND EXPENSE QUESTIONNAIRE – TOWN OF GROTON, MA
CELL TOWERS
FOR 12 MONTHS ENDING DECEMBER 31, 20 : FISCAL YEAR 20**

Please Return to:
Town of Groton, Massachusetts Assessor's Office
Groton Town Hall
173 Main Street
Groton, MA 01450

NOTE: THIS IS A TWO SIDED DOCUMENT
NOTE: SIGNATURE IS REQUIRED ON SECOND PAGE

Parcel Location:
Parcel Map and Lot:
Parcel ID:
Use Code:

SECTION I: GENERAL DATA

What is the type of construction (Monopole, Triangular guyed, etc.) _____
 What is the height of the tower in linear feet? _____
 In what year was the tower constructed? _____
 What was the approximate cost of construction of the tower? _____
 Are there auxiliary buildings on site? (Yes or No) _____
 If yes, please describe construction, use, square footage, and age: _____

SECTION II: ANNUAL INCOME FOR CALENDAR YEAR 20

Please enter the amounts on Lines 3 through 7 **AS IF FULLY RENTED**.
 Calculate Vacancy Loss by subtracting **ACTUAL RENT RECEIVED** from **Line 8 if difference is due to vacancy**.
 Calculate Concession Loss by subtracting **ACTUAL RENT RECEIVED** from **Line 8 if difference is due to concessions**.
 Other Income (Lines 4, 5, 6, and 7): Describe and Enter.
 If possible, please attach a separate sheet detailing the Current Rent Roll.
 If there are any features or items you feel should be made known that would affect this property's value, please add on a separate sheet.

1. Total Number of Tenants	
2. Total Number of Levels (If Applicable)	
3. Total Potential Gross Income from All Sites (Annual Rent as if Fully Rented)	
4. Other Gross Income (Please Describe)	
5. Other Gross Income (Please Describe)	
6. Other Gross Income (Please Describe)	
7. Other Gross Income (Please Describe)	
8. Total Potential Gross Income (Add 3, 4, 5, 6, and 7)	
9. Loss Due to Vacancy	
10. Loss Due to Concessions/ Bad Debt	
11. Total Collection Loss (Add 9 and 10)	
12. Effective Gross Income (Subtract 11 from 8)	

Is the land on which the tower stands owned by you or is it leased? _____
 If leased, what is the yearly rent? _____
 Are the Real Estate Taxes paid by you or by the owner? _____

SECTION III: EXPENSES FOR CALENDAR YEAR 20

If entering "Other", please describe AND enter amount.

Expense Type	Amount	Expense Type	Amount
1. Management Fee	\$	20. TOTAL (Add 1 through 19)	\$
2. Legal/Accounting	\$		
3. Payroll	\$	21. Real Estate Taxes	\$
4. Telephone	\$		
5. Advertising	\$		
6. Commissions	\$		
7. Repairs	\$		
8. Utilities Electric	\$		
9. Maintenance Contract Fee	\$		
10. Maintenance Supplies	\$		
11. Maintenance Groundskeeping	\$		
12. Maintenance Snow Removal	\$		
13. Insurance (1 Year Premium)	\$		
14. Reserves for Replacement	\$		
15. Travel	\$		
16. Other (Please Describe)	\$		
17. Other (Please Describe)	\$		
18. Other (Please Describe)	\$		
19. Other (Please Describe)	\$		

SECTION V: SIGNATURE

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: (Please print) _____
 Title: _____
 Signature of owner or preparer: ... _____
 Phone: _____
 Date: _____