## FRANKFORT TOWNSHIP ASSESSOR Joseph N. Kral, C.I.A.O.

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## **Commercial / Industrial Vacancy-Occupancy Affidavit**

Subject Prope	erty Address:		_	
Property Inde	x Number:		<u> </u>	
STATE OF II COUNTY OF				
I,	ging agent of the property	being first duly sworn, c	on oath depose and say th	at I am the
Owner/manag	ging agent of the property	located at	(address)	
in	,and the	at I have personal knowl	,	of the building(s
for the year	is as follows:			
	Total Sq. Ft. of Improvement	Total Sq. Ft. Occupied	Total Sq. Ft. Vacant	
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total				
Subject prope	percent weighted vacancy erty is% owner occ and sworn to before me,			
Subscribed all	id sworn to before me,			
This,	_day of, 2	0		
Notary Public		Owner		