

# FRANKFORT TOWNSHIP ASSESSOR

## Joseph N. Kral, C.I.A.O.

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### 20\_\_ RENT ROLL INDUSTRIAL / COMMERCIAL

**Subject Property Address:** \_\_\_\_\_  
\_\_\_\_\_

**PIN:** \_\_\_\_\_

SF Leased	Tenant/Unit	Use	Start Date	End Date	Lease Type (Gross/Net/Triple Net)	Rent per SF/Month CAM \$PSF

(Attach a separate sheet if necessary)

I, \_\_\_\_\_, being duly sworn on oath state as follows with respect to the property at Frankfort

Township, \_\_\_\_\_, \_\_\_\_\_  
(Address) (Property Index Number)

Subscribe and sworn before me, this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Owner