

LESSOR'S ANNUAL COST STATEMENT

1. SOLICITATION FOR OFFERS		2. STATEMENT DATE	
3. RENTABLE AREA (SQ. FT.)		3A. ENTIRE BUILDING	3B. LEASED BY GOV'T
4. BUILDING NAME		BUILDING STREET	
CITY		STATE	ZIP CODE
SECTION I - ESTIMATED ANNUAL COST OF SERVICES & UTILITIES FURNISHED BY LESSOR AS PART OF RENTAL CONSIDERATION			
SERVICES AND UTILITIES		LESSOR'S ANNUAL COST FOR:	
		ENTIRE BUILDING (a)	GOV'T-LEASED AREA (b)
		GOV'T USE ONLY (c)	
A. CLEANING, JANITOR AND/OR CHAR SERVICE			
5. SALARIES			
6. SUPPLIES (wax, cleansers, cloths, etc.)			
7. CONTRACT SERVICES (Window washing, waste and snow removal)			
B. HEATING			
8. SALARIES			
9. FUEL ("x" one) ___ OIL ___ GAS ___ COAL ___ ELECTRIC			
10. SYSTEM MAINTENANCE AND REPAIR			
C. ELECTRICAL			
11. CURRENT FOR LIGHT AND POWER (Including elevators)			
12. REPLACEMENT OF BULBS, TUBES, STARTERS			
13. POWER FOR SPECIAL EQUIPMENT			
14. SYSTEM MAINTENANCE AND REPAIR (Ballasts, fixtures, etc.)			
D. PLUMBING			
15. WATER (For all purposes) (Include sewage charges)			
16. SUPPLIES (Soap, towels, tissues not in 6 above)			
17. SYSTEM MAINTENANCE AND REPAIR			
E. AIR CONDITIONING			
18. UTILITIES (Include electricity, if not in C11)			
19. SYSTEM MAINTENANCE AND REPAIR			
F. ELEVATORS			
20. SALARIES (Operators, starters, etc.)			

21. SYSTEM MAINTENANCE AND REPAIR			
G. MISCELLANEOUS			
22. BUILDING ENGINEER AND/OR MANAGER			
23. SECURITY (Watchmen, guards, not janitors)			
24. SOCIAL SECURITY TAX AND WORKMEN'S COMPENSATION INSURANCE			
25. LAWN AND LANDSCAPING MAINTENANCE			
26. OTHER (Explain on separate sheet)			
27. TOTAL	\$0.00	\$0.00	\$0.00

SECTION II - ESTIMATED ANNUAL COST OF OWNERSHIP EXCLUSIVE OF CAPITAL CHARGES			
28. REAL ESTATE TAXES			
29. INSURANCE (Hazard, liability, etc.)			
30. BUILDING MAINTENANCE AND RESERVES FOR REPLACEMENT			
31. LEASE COMMISSION			
32. MANAGEMENT			
33. TOTAL	\$0.00	\$0.00	\$0.00

LESSOR'S CERTIFICATION - The amounts entered in Columns (a) and (b) represent my best estimate as to the annual costs of services, utilities and ownership.

TITLE	NAME	SIGNATURE	DATE
34A. (Check one) <input type="checkbox"/> Owner <input type="checkbox"/> Legal Agent	34B.	34C.	34D.
35A. (Check one) <input type="checkbox"/> Owner <input type="checkbox"/> Legal Agent	35B.	35C.	35D.