



Mike Wells

Pasco County Property Appraiser

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Phone: (352) 521-4433 (Dade City)
(813) 929-1280 (Land O' Lakes)
(727) 847-8151 (New Port Richey & Gulf Harbors)
Fax: (352) 521-4228
Please reply to:
Post Office Box 401, Dade City, FL 33526-0401
E-mail Address: pa@pscogov.com
Web Site: <http://appraiser.pscogov.com>

January 1, 2011

Dear Commercial Property Owner:

As Pasco County Property Appraiser, it is my responsibility to determine the fair market value of all properties in Pasco County. All applicable approaches to value must be considered in establishing fair market value. Due to the current real estate market, we would like to encourage all property owners to return the enclosed real property income and expense form.

Therefore, pursuant to Sec. 195.027, FL Statutes, I am requesting owners of commercial rental properties to furnish me with the following information:

1. If the property is 100% owner occupied, please check the box in the top right-hand corner and sign the return. You need not supply any income and expense information. This does not apply to nursing homes, multi-family properties, hotels/motels, mobile home and RV parks or mini-storage facilities; if you own one of the preceding types of properties or any other type of rental property, please complete the enclosed form.
2. Detailed income and expense information for the calendar or fiscal year 2010.
3. Detailed rent as of January 1, 2011. If tenants are on "percentage leases", please state the dollar volume of sales for each such tenant and the amount of "percentage rent". Please show "pass throughs" of common expenses, taxes, and the like for each tenant.
4. A copy of your latest Schedule E (Form 1040) from your tax return, that lists income and loss. If you are only attaching your latest tax return, we ask that you complete the potential income information on the front of the form and rental information on the back or provide a rent roll.
5. Copies of current leases for the property or your own recap sheet of the same.
6. Any other pertinent data that relates to property value.

This form and a business reply envelope are provided for your convenience in replying to the request. Please feel free to provide your own computer-generated format to any of the items above.

Information you supply is **strictly confidential** in the hands of the Property Appraiser in accordance with Florida Statutes and Department of Revenue Regulations.

The last day to reply is **April 15, 2011**. Therefore, I encourage you to respond as soon as possible. Failure to reply could result in your data not being considered in the valuation of your property. Supplying the information is voluntary. **However, Florida Statute and case law state that failure to respond can deny you the right to introduce such information to seek a lower assessment at the Value Adjustment Board (See FS 194.034(1)(d)).**

Your cooperation is appreciated. If you have any questions, please call my office at (352) 521-4244 or (352) 521-4472.

Sincerely,

Mike Wells

Encl.



CONFIDENTIAL

Mike Wells
Pasco County Property Appraiser

Please Reply to:

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**REAL PROPERTY INCOME AND EXPENSE RETURN
 SPECIAL USE PROPERTIES**

MINING OPERATION

PROPERTY NAME AND MAILING ADDRESS Parcel ID: _____		NAME OF MINE: _____	
		COMMENCED ON WHAT DATE? _____	
		DATE INCOME RECEIVED FROM _____ TO _____	
		WHAT PERCENT HAS BEEN MINED? _____%	
TYPE OF MINE	PERMITTED FOR	ANY EQUIPMENT OWNED?	WHEN MINING IS COMPLETE, MINE WILL BE CONVERTED TO:
<input type="checkbox"/> FILL DIRT	_____ ACRES	<input type="checkbox"/> YES	<input type="checkbox"/> POND/LAKE
<input type="checkbox"/> SAND	_____ CUBIC YARDS	<input type="checkbox"/> NO	<input type="checkbox"/> PASTURE
<input type="checkbox"/> CLAY	_____ DEPTH	OWNER NAME / ADDRESS	<input type="checkbox"/> REC AREA
<input type="checkbox"/> LIMEROCK	_____ TIME LIMIT	_____	<input type="checkbox"/> LANDFILL
<input type="checkbox"/> OTHER _____		_____	<input type="checkbox"/> GOLF COURSE
			<input type="checkbox"/> OTHER _____

<p>_____ SIGNATURE</p> <p>_____/_____/_____ DATE</p> <p>(_____) _____ DAY TIME PHONE NUMBER</p> <p>*SIGNATURE IS REQUIRED</p>	<p>WHAT WAS THE TOTAL NUMBER OF CUBIC YARDS OF FILL REMOVED DURING EACH OF THE PAST THREE YEARS AND AT WHAT DOLLAR AMOUNT PER YARD?</p> <p>2010 _____ CUBIC YARDS @ \$ _____ PER CUBIC YARD</p> <p>2009 _____ CUBIC YARDS @ \$ _____ PER CUBIC YARD</p> <p>2008 _____ CUBIC YARDS @ \$ _____ PER CUBIC YARD</p>
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COMMUNICATION TOWER SITE

TERMS OF LEASE FROM _____ 200__ TO _____ 200__		AREA COVERED BY LEASE _____ AC./SF.	
TOWER OWNER (LESSEE): _____		ADDRESS OF TOWER OWNER (LESSEE): _____ _____	
TOWER TYPE	LIST # OF TOWERS	TOWER HEIGHT	ANNUAL RENT PER TOWER
<input type="checkbox"/> RADIO	_____	_____ FEET	\$ _____
<input type="checkbox"/> MICRO-WAVE	_____	_____ FEET	\$ _____
<input type="checkbox"/> PAGER	_____	_____ FEET	\$ _____
<input type="checkbox"/> CELL PHONE	_____	_____ FEET	\$ _____
<input type="checkbox"/> OTHER _____			
TOTAL ANNUAL INCOME COLLECTED			\$ _____
TOTAL ANNUAL EXPENSES (LIST SEPERATELY IF NECESSARY)			\$ _____
<input type="checkbox"/> CHECK HERE IF EXPENSES ARE THE RESPONSIBILITY OF THE LESSEE.			
NET OPERATING INCOME			\$ _____

NOTE: ATTACH ADDITIONAL SHEETS IF NECESSARY