



CITY OF AVALON
FINANCE DEPARTMENT
P.O.BOX 707
AVALON, CA 90704

INSERT
TENANT NAME & PROPERTY ADDRESS

Four horizontal lines for tenant name and property address.

CHECK REPORTING MONTH

Table with 4 columns: JANUARY 2017, APRIL 2017, JULY 2017, OCTOBER 2017; FEBRUARY 2017, MAY 2017, AUGUST 2017, NOVEMBER 2017; MARCH 2017, JUNE 2017, SEPTEMBER 2017, DECEMBER 2017.

1. PERCENTAGE OF TOTAL SALES BASIS:

Gross Receipts: \$ _____ X _____ % = \$ _____
(Enter Percentage)

2. CALCULATION ON SQUARE FOOTAGE:

Square Feet per Rental Rate per
Lease Agreement Square Foot
a.) Interior _____ X \$ _____ = \$ _____
b.) Exterior _____ X \$ _____ = \$ _____
c.) Other _____ X \$ _____ = \$ _____

3. RENT DUE (insert Greater Amount from Line 1 or Line 2 a & b total): \$ _____

4. PENALTY FOR LATE PAYMENT (if applicable):

PENALTY - 10% (Line 3 x 10%) \$ _____
INTEREST - 1/2 OF 1% (Line 3 X .005%) \$ _____

LATE PAYMENT: If payment is not received at City Hall by the last day of the following month, add a 10% penalty, plus interest at the rate of 1/2 of 1% (.005%) per month or portion thereof, from the date the rent became due.

5. TOTAL AMOUNT DUE AND PAYABLE (Line 3 + Line 4): \$ _____

*****Make Check Payable to City of Avalon*****

All calculations must be calculated to the penny, not rounded to the nearest dollar

I declare under penalty of perjury that I am authorized to make this statement, and that to the best of my knowledge and belief it is a true, correct and complete statement made in good faith for the period stated, and in compliance with my lease agreement with the City of Avalon.

Signature of Tenant or Agent: _____

Date Report/Payment Submitted: _____

Please provide email address for future correspondence: _____