

Revised 12/27/2019

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 2019, APRIL 2019, JULY 2019, OCTOBER 2019; FEBRUARY 2019, MAY 2019, AUGUST 2019, NOVEMBER 2019; MARCH 2019, JUNE 2019, SEPTEMBER 2019, DECEMBER 2019.

BEGINNING RECEIPT NUMBER: _____

ENDING RECEIPT NUMBER: _____

ADDITIONAL REVENUE OUTSIDE RECEIPT SYSTEM _____

1. SQUARE FEET RENTED PER LEASE AGREEMENT: _____ sqft.

2. RENTAL RATE PER SQUARE FOOT \$ _____

3. RENT DUE (Line 1 x Line 2) \$ _____

4. PENALTY AND INTEREST 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 1st day of the 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 becomes delinquent.

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: