

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



PLEASE INSERT
TENANT NAME & PROPERTY ADDRESS

Three horizontal lines for tenant name and address.

CHECK REPORTING MONTH

Table with 4 columns: JANUARY 2021, APRIL 2021, JULY 2021, OCTOBER 2021; FEBRUARY 2021, MAY 2021, AUGUST 2021, NOVEMBER 2021; MARCH 2021, JUNE 2021, SEPTEMBER 2021, DECEMBER 2021.

BEGINNING RECEIPT NUMBER: _____

ENDING RECEIPT NUMBER: _____

ADDITIONAL REVENUE OUTSIDE RECEIPT SYSTEM _____

1. PERCENTAGE OF TOTAL SALES BASIS:

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

2. CALCULATION ON SQUARE FOOTAGE:

Square Feet per Lease Agreement Rental Rate per 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/c total): \$ _____

4. CPI % \$ _____

5. 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: _____