

Revised 11/08/2019

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



PLEASE INSERT
TENANT NAME & PROPERTY ADDRESS

Four horizontal lines for tenant name and property address.

CHECK REPORTING MONTH

Table with 4 columns: JANUARY 2020, APRIL 2020, JULY 2020, OCTOBER 2020; FEBRUARY 2020, MAY 2020, AUGUST 2020, NOVEMBER 2020; MARCH 2020, JUNE 2020, SEPTEMBER 2020, DECEMBER 2020.

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. CPI% \$ _____

5. 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+ Line 5) \$ _____

*****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: