

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



**PLEASE INSERT
TENANT NAME & PROPERTY ADDRESS**

CHECK REPORTING MONTH

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. PERCENTAGE OF TOTAL SALES BASIS:

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

2. CALCULATION ON SQUARE FOOTAGE:

	Square Feet per <u>Lease Agreement</u>	X	Rental Rate per <u>Square Foot</u>	= \$
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: _____