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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **PROPERTY ADDRESS:**  **LOCAL AUTHORITY:** | | | | |  | **VEN:** | |  | | CONTACT DETAILS  Telephone: +61 (08) 9273 7373  Email: valuationservices@landgate.wa.gov.au | | | | |  | | | | | | | | | | | \* Gross Rental Value = Annual Rent (Net) + Outgoings + GST. | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | **Unit No/ Shop No** | **Tenant Name/ Owner Occupied** | **Floor Area Details (m2)** | | | **Lease Details** | | **Rent details** | | | | **GST** | **Rental Incentives** | | |  |  | **Leased**  **Floor Area (m2)** | **Leased**  **Floor Area (m2)** | | **Lease**  **Start Date** | **Lease Term and Options** | **Annual Rent Amount** | **Outgoings**  Does the tenant pay outgoings  (Eg. rates, taxes, insurance, etc)  over and above the rental provided?  If yes how much approximately? | **Date current rent was set** | **Rent review type** | **Does the Annual rent provided include GST?** | **Were any incentives agreed at commencement  of lease?**  E.g.: Rent Free Periods,  Fit out Contribution, Cash Contribution | | | Office/Suite  Consulting Room | Other | | New or Existing Tenant | E.g.: 5yr + 5yr | Net or Gross? | Market/CPI/Fixed % | Yes or No | | Type | Amount | | ***For Example:*** | *XYZ Plumbing* | *Office 50m2* | *Workshop 300 m2* | | *5/03/2018*  *(Existing)* | *5yr + 5yr* | *Net $65,000* | *Yes - $16,250* | *1/03/2021* | *Fixed 3%* | *No* | *Rent Free*  *Fit out* | *3 Months*  *$40,000* | |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | We may need to clarify some details. Please provide your contact telephone number or alternatively, the name of your Managing Agent and their contact details, for who your authority is given for Landgate to contact them to obtain the information.   |  |  | | --- | --- | | Telephone number |  | | Managing agent name (if applicable) |  | | Details of person completing this form:   |  |  | | --- | --- | | Name: |  | | Date: |  | | Signature |  | | |  |



**Rental Information Request Form**