



Listing Input Form: Commercial Lease

1. Listing Information:

*Price: \$ _____

***Listing Type:**

- Exclusive Agency
- Exclusive Right with Exception
- Exclusive Right To Sell
- Net
- Open
- Probate

***Service Type:**

- Full service
- Limited Service
- Entry Only

***Property Type:**

- Heavy MFG
- Industrial
- Light MFG
- Mixed Usage
- Other/See Remarks
- Recreation
- Restaurant/Food Use
- Warehouse

Low Range Price: \$ _____

*APN: _____

Address Information:

*Street #: _____ Street Direction: _____ *Street Name: _____ Street Suffix: _____

*Area: (see attached list): _____ County: _____

*City: _____ *State: _____ *Zip: _____

*Cross Street: _____ *Thomas Guide Number: _____

Other:

Min Term Dur: _____

Months/Years:

- Months
- Years

Lease Type:

- Full Service Gross
- Gross
- Industrial Gross
- Modified Gross
- Modified Net
- Net
- Other See Remarks
- Percent
- Sublease
- Triple Net

*Percent Leased:

- Yes
- No
- Other

*Pass Thru:

- Yes
- No

2. Property Features: (continued on page 2)

- | | | |
|---|--|--|
| <input type="checkbox"/> 24 Hour Access | <input type="checkbox"/> Freeway Visibility | <input type="checkbox"/> Professional Office |
| <input type="checkbox"/> Air Conditioned | <input type="checkbox"/> Furnished | <input type="checkbox"/> Rail Siding |
| <input type="checkbox"/> Alley Access | <input type="checkbox"/> General Office | <input type="checkbox"/> Recreational Facilities Available |
| <input type="checkbox"/> Automotive/Service Stations | <input type="checkbox"/> Gift/Florist/Card Shops | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Balcony | <input type="checkbox"/> Ground Level Door | <input type="checkbox"/> Secretarial Services Available |
| <input type="checkbox"/> Beauty Shop | <input type="checkbox"/> In Foreclosure | <input type="checkbox"/> Security System |
| <input type="checkbox"/> Cafeteria/Restaurant On Site | <input type="checkbox"/> Lease Option | <input type="checkbox"/> Separate Free Standing Building |
| <input type="checkbox"/> Coin Operated | <input type="checkbox"/> Leased Land | <input type="checkbox"/> Skylights |
| <input type="checkbox"/> Convenience Market/Dairy/Supermarket | <input type="checkbox"/> Liquor Stores | <input type="checkbox"/> Sprinklers/Landscape |
| <input type="checkbox"/> Distribution/Wholesale | <input type="checkbox"/> Load Factor | <input type="checkbox"/> Storage Tank |
| <input type="checkbox"/> Dry Cleaners | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Street Frontage |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Medical Labs On Site | <input type="checkbox"/> Submit Desired Terms |
| <input type="checkbox"/> Fee Land | <input type="checkbox"/> Medical Office | <input type="checkbox"/> Tavern/Cocktail Lounges |
| <input type="checkbox"/> Fenced Yard | <input type="checkbox"/> Mezzanine | <input type="checkbox"/> Truck Dock |
| <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> Month To Month Lease | <input type="checkbox"/> Truck Well |
| <input type="checkbox"/> Fixtures/Equipment Included | <input type="checkbox"/> Overhead Crane | <input type="checkbox"/> Video Store |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Part Of A Larger Building | |



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2. Features: (continued from page 1)

Property Description: The Property Description shall be used to describe the property. Physical and aesthetic characteristics of the property only. All text must be entered in the English language ONLY. The following are not allowed to appear in Property Desc.: Gate/Alarm Codes Lock box Combo, FSBO, Vacant, E-mail Addresses, Website Addresses, Phone Numbers, Agent, assistant, co-list or owner names, any language that violates Fair Housing/HUD guidelines.

Virtual Tour: The Virtual Tour field shall contain ONLY a live link to a Virtual Tour of the property. The Virtual Tour may not include such things as: agent/broker photos, agent/broker names, phone numbers, website address, e-mail addresses or advertising other than about the property, No messages or solicitation of any kind. (i.e. <http://www.google.com>).

3. Lease Space:

*Address or Space#	SQFT	*\$/SQFT	*Dimensions	Rent/ Mo	*CAM	*Chg Term	*Poss	*Lease Type: *see below

*Total Avail SQFT: _____ sqft

*Lease Type:

- | | |
|-----------------------|----------------------|
| 1. Full Service Gross | 6. Net |
| 2. Gross | 7. Other See Remarks |
| 3. Industrial Gross | 8. Percent |
| 4. Modified Gross | 9. Sublease |
| 5. Modified Net | 10. Triple Net |



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4. Structure/Land:

Building

***Year Built:** _____

Year Refurb: _____

Stories:

- One Level
- Two Level
- Three or More Levels
- Ground level

***Total Building Sqft:** _____

SQFT Source:

- Assessor's Data
- Builder's Data
- Estimated
- Other
- Seller
- Taped

of Units: _____

Roof Age: _____

Fire Sprinkler:

- Yes
- No

***Total Lease Sqft:** _____

***SQFT Source:**

- Assessor's Data
- Builder's Data
- Estimated
- Landlord/Lessor/Other
- Not Taped
- Owner Other See Remarks
- Taped

Prk Spaces: _____

Parking Ratio: _____

Total Avail SQFT: _____

Price Per SQFT: _____

Roof Materials:

- Asphalt Shingle
- Composition Roll
- Metal
- Other
- Rock/Stone
- Shingle Wood
- Tile

Parking:

- Gated parking
- Guarded Parking
- Metered
- On Site
- Other-See Remarks
- Private
- Public

- Street
- Subterranean/Structure

Tenant Pays:

- ADA Upgrades
- Air Cond/ Heat Maint
- Electricity
- Environmental Phase 1 Sudty
- Exterior Maint
- Gardener
- Gas

- Insurance
- Interior Maint.
- Janitorial
- Merch.. Assn
- Other Remarks
- Parking Lot Maint
- Property Management Fee

- Roof Maint
- Seismic Retrofit
- Sign Maint
- Special Insurance
- Taxes
- Trash
- Water

Constructions:

- Block
- Brick
- Frame & Stucco
- Metal
- Tilt Up

Land:

Land SQFT: _____

SQFT Source: _____

of Buildings: _____

Land Dimensions: _____

Water Source:

- District
- Other
- Private
- Well

Sewer Status:

- Assessments
- Bonds
- Cesspool
- In Street On Bond

- In Street Paid
- In, Connected & paid
- Septic Tank

Zone: _____

Zones:

Special Study:

- Yes
- No

Flood:

- Yes
- No

Seismic Hazard:

- Yes
- No



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5. Plant/Office

Plant Data:

Amp: _____ **Volt:** _____ **Phase:** _____

Floor Type:	<input type="checkbox"/> Parquet	Heat Type:	<input type="checkbox"/> Other - See Remarks	Air Conditioning:	<input type="checkbox"/> Other- See Remarks
<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Raised Foundation	<input type="checkbox"/> Electric	<input type="checkbox"/> Propane	<input type="checkbox"/> Central	<input type="checkbox"/> Wall Window
<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Sheet Vinyl	<input type="checkbox"/> Floor Furnace	<input type="checkbox"/> Radiant	<input type="checkbox"/> Electric	<input type="checkbox"/> Window Unit
<input type="checkbox"/> Hardwood	<input type="checkbox"/> Vinyl Tile	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Solar	<input type="checkbox"/> Evaporative Cooler	
<input type="checkbox"/> Marble	<input type="checkbox"/> Wall to Wall Carpet	<input type="checkbox"/> Gravity Heating	<input type="checkbox"/> Wall Electric	<input type="checkbox"/> Gas	
<input type="checkbox"/> Other-See Remarks	<input type="checkbox"/> Wood	<input type="checkbox"/> Heat Pump		<input type="checkbox"/> Heat Pump	
		<input type="checkbox"/> Natural Gas			

Plant Number of:

Toilets Men:	Toilets Women:	Overhead Crane:	
_____	_____	_____	
Storage Tank:	Loading Docks:	Loading Wells:	Docks/Wells/ Grnd Lvl:
_____	_____	_____	_____
Offices:	Office Restroom:	Common:	Handicap:
_____	_____	_____	_____

Plant other:

Rail connections:	Sky Lights:	Elevator	Signage:	Window Covers:
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Loading Drs Dim:	Min Clearance:	Span:	Fenced SQFT:	
_____	_____	_____	_____	

Office Data:

Total SQFT:	# Offices:	Common Toilets:	Handicap Toilets:	Total Toilets:
_____	_____	_____	_____	_____
Janitorial:	Jan Days/Wk:	Elevator	Window Covers:	Signage:
<input type="checkbox"/> Yes	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Floor Type:		Heat Type:	Air Conditioning:	
<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Raised Foundation	<input type="checkbox"/> Electric	<input type="checkbox"/> Other/ See Remarks	<input type="checkbox"/> Heat Pump
<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Sheet Vinyl	<input type="checkbox"/> Floor Furnace	<input type="checkbox"/> Propane	<input type="checkbox"/> Other-See Remarks
<input type="checkbox"/> Hardwood	<input type="checkbox"/> Vinyl Tile	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Radiant	<input type="checkbox"/> Wall Window
<input type="checkbox"/> Marble	<input type="checkbox"/> Wall to Wall Carpet	<input type="checkbox"/> Gravity Heating	<input type="checkbox"/> Solar	<input type="checkbox"/> Window Unit
<input type="checkbox"/> Other-See Remarks	<input type="checkbox"/> Wood	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Wall Electric	
<input type="checkbox"/> Parquet		<input type="checkbox"/> Natural Gas		
Location Type:		Location Within Building:		
<input type="checkbox"/> Business Park	<input type="checkbox"/> Medical Center	<input type="checkbox"/> Strip Center	<input type="checkbox"/> Balcony/ Mezzanine	<input type="checkbox"/> Other/ See Remarks
<input type="checkbox"/> Corner	<input type="checkbox"/> Neighborhood Center	<input type="checkbox"/> Town Center	<input type="checkbox"/> Basement	<input type="checkbox"/> Penthouse
<input type="checkbox"/> Discount Mall/Outlet	<input type="checkbox"/> Old Town	<input type="checkbox"/> Waterfront	<input type="checkbox"/> Executive Suite	<input type="checkbox"/> Portion of Larger Suite
<input type="checkbox"/> Downtown	<input type="checkbox"/> Other/See Remarks		<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Subdivisible
<input type="checkbox"/> Free Standing	<input type="checkbox"/> Redevelopment Area		<input type="checkbox"/> Mid Level	<input type="checkbox"/> Various Location/Floor
<input type="checkbox"/> High Rise	<input type="checkbox"/> Regional Mall		<input type="checkbox"/> Multi Level Suite	



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6. Retail:

Retail Information

Anchor Tenant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Anchor Tenant: _____	Type of Retail: <input type="checkbox"/> Food Services <input type="checkbox"/> Medical <input type="checkbox"/> Other See Remarks <input type="checkbox"/> Professional Office	Office SQFT: _____	Total SQFT: _____			
Total Rest: _____	Common Rest: _____	Handicap Rest: _____	Min Ceiling Heights: _____	Restricted Uses: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Use: _____		
Storage Space: <input type="checkbox"/> Yes <input type="checkbox"/> No	Window Cover: <input type="checkbox"/> Yes <input type="checkbox"/> No	Traffic Count: <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Transit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Elevator <input type="checkbox"/> Yes <input type="checkbox"/> No	Signage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Prmt Addition: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Floor Type: <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Concrete Slab <input type="checkbox"/> Hardwood <input type="checkbox"/> Marble <input type="checkbox"/> Other See Remarks <input type="checkbox"/> Parquet <input type="checkbox"/> Raised Foundation	Heat Type: <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Vinyl Tile <input type="checkbox"/> Wall to Wall Carpet <input type="checkbox"/> Wood <input type="checkbox"/> Electric <input type="checkbox"/> Floor Furnace <input type="checkbox"/> Forced Air <input type="checkbox"/> Gravity Heating <input type="checkbox"/> Heat Pump <input type="checkbox"/> Natural Gas	Air Conditioning: <input type="checkbox"/> Other See Remarks <input type="checkbox"/> Propane <input type="checkbox"/> Radiant <input type="checkbox"/> Solar <input type="checkbox"/> Wall Electric <input type="checkbox"/> Central <input type="checkbox"/> Electric <input type="checkbox"/> Evaporative Cooler <input type="checkbox"/> Gas <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other- See Remarks <input type="checkbox"/> Wall Window <input type="checkbox"/> Window Unit	Improvements: <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Elevator <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Fixtures/ Equip <input type="checkbox"/> Furnished <input type="checkbox"/> Ground Level Door <input type="checkbox"/> Security System <input type="checkbox"/> Skylights <input type="checkbox"/> Truck Dock <input type="checkbox"/> Truck Well			Location Type: <input type="checkbox"/> Business Park <input type="checkbox"/> Corner <input type="checkbox"/> Discount Mall/Outlet <input type="checkbox"/> Downtown <input type="checkbox"/> Free Standing <input type="checkbox"/> High Rise <input type="checkbox"/> Industrial Park <input type="checkbox"/> Medical Center <input type="checkbox"/> Neighborhood Center <input type="checkbox"/> Old Town <input type="checkbox"/> Other/See Remarks <input type="checkbox"/> Redevelopment Area <input type="checkbox"/> Regional Mall <input type="checkbox"/> Strip Center <input type="checkbox"/> Town Center <input type="checkbox"/> Waterfront	Location Within Building: <input type="checkbox"/> Balcony/ Mezzanine <input type="checkbox"/> Basement <input type="checkbox"/> Executive Suite <input type="checkbox"/> Ground Floor <input type="checkbox"/> Mid Level <input type="checkbox"/> Multi Level Suite <input type="checkbox"/> Other/ See Remarks <input type="checkbox"/> Penthouse <input type="checkbox"/> Portion of Larger Suite <input type="checkbox"/> Subdivisible <input type="checkbox"/> Various Location/Floors



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7. OFFICE

Listing Information

***List Date:** _____

***Expiration Date:** _____

***Selling Office Compensation:**

\$ _____ or _____%

***Dual Var/Rate of Commission:**

- Call For Information No
 See Remark Yes

***Option Comp**

- Call For Information See Remarks
 No Yes

*** Graduated Comm Sched:**

- Yes
 No

***Showing Instructions:**

- Appointment Only
 Call First
 Call Listing Office
 Direct
 Drive By
 Gate Pass
 Key In Listing Office
 Restricted Access- Call Listing Agent
 See Remarks
 Subject To Inspection

***Key Safe Description:**

- Combo-See Remarks
 Multiacc
 No Key Safe
 Other-See Remarks
 Supra Key
 Supra-Damls
 Supra-Gsbmls
 Supra-MRMLS
 Supra-Newport
 Supra-Ocmls/Srmls/Hb

Office Comments: _____

Agent Information

*** List Agent Public ID:** _____

***Email Address 2:** _____

*** List Agent Name:** _____

Home Phone: (____)____-____

Fax: (____)____-____

Cell: (____)____-____

Pager: (____)____-____

***Email:** _____

***Office Name:** _____

***Office ID:** _____

***Phone:** (____)____-____

***Fax:** (____)____-____

Co-List Agent Public ID: _____

*** Co-List Agent Name:** _____

Home Phone: (____)____-____

Fax: (____)____-____

Cell: (____)____-____

Pager: (____)____-____

***Email:** _____

***Office Name:** _____

***Office ID:** _____

Phone: (____)____-____

***Fax:** (____)____-____

8. MLS:

***Free Internet Ad:** Yes No

***Send Address:** Yes No

Listing Paid: Yes No

***Photo Information:** Map, Sketched, or Photo Submitted
 User Will Upload their Own Photo

Broker Loaded: Yes No

Photo Notes: _____



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AREA (listed in alphabetical order)

601 ALHAMBRA	222 IDYLLWILD	699 OUT OF AREA
604 ALTADENA	633 INDUSTRY/LA PUENTE/VALINDA	213 PALA ROAD/RED HAWK
221 ANZA/AGUANGA/WARNER SPRINGS	634 LA CANADA FLINTRIDGE	646 PASADENA (NE)
605 ARCADIA	635 LA CRESCENTA/GLENDALE/ MONTROSE & ANNEX	645 PASADENA (NW)
287 ARROWHEAD AREA	204 LA CRESTA/SANTA ROSA WEST	648 PASADENA (SE)
606 ATWATER	684 LA VERNE	647 PASADENA (SW)
607 AZUSA	234 LAKE ELSINORE EAST	229 PERRIS
608 BALDWIN PK/IRWINDALE	239 LAKE ELSINORE SOUTH	649 PICO RIVERA
263 BANNING/BEAUMONT/CHERRY VALLEY	673 LAKE VIEW TERRACE	687 POMONA
205 BEAR CREEK	241 LAKE ELSINORE WEST	235 QUAIL VALLEY
289 BIG BEAR AREA	207 LDEN TRIANGLE/CALIF OAKS	688 RANCHO CUCAMONGA
265 BLOOMINGTON	677 LINCOLN HTS	285 RECHE CANYON
609 BRADBURY	267 LOMA LINDA	268 REDLANDS
610 BURBANK	637 LOS FELIZ	272 RIALTO
236 CANYON LAKE	212 LOS RANCHITOS/SANTIA RANCHOS/ CHAPARRAL RANCHOS	252 RIVERSIDE
681 CHINO	698 LYTLE CREEK	225 ROMOLAND
682 CHINO HILLS	231 MEAD VALLEY	651 ROSEMEAD/S. SAN GABRIEL
683 CLAREMONT	242 LAKE ELSINORE NORTHEAST	627 ROSSMOYNE & VERDU WOODLANDS
273 COLTON	210 MEADOWVIEW	652 ROWLAND HEIGHTS
248 CORONA	227 MENIFEE	288 RUNNING SPRINGS AREA
215 COUNTRY ROAD	284 MENTONE	220 SAGE
614 COVINA	216 MESA GRANDE/BELLA VISTA/MESA HIGHLANDS	274 SAN BERNARDINO
286 CRESTLINE AREA	251 MIRA LOMA/JURUPA VALLEY	689 SAN DIMAS
616 DIAMOND BAR	639 MONROVIA	654 SAN GABRIEL
617 DUARTE	685 MONTCLAIR	655 SAN MARINO
618 EAGLE ROCK	674 MONTEBELLO	203 SANTA ROSA SOUTH/TENAJA
675 EAST LOS ANGELES/CITY OF COMMERCE	679 MONTECITO HEIGHTS	672 SHADOW HILLS
619 EL MONTE	676 MONTEREY HILLS	656 SIERRA MADRE
621 EL SERENO	641 MONTEREY PARK	671 SILVER LAKE
264 FONTANA	259 MORENO VALLEY	657 SO. EL MONTE
290 FOREST FALLS AREA	680 MOUNT WASHINGTON	658 SO. PASADENA
219 FRENCH VALLEY	693 MT BALDY	228 SUN CITY
232 GAVALIN HILLS	208 MURRIETA EAST	659 SUNLAND/TUJUNGA
623 GLASSEL PARK	206 MURRIETA WEST	209 TEMECULA NORTH
246 GLEN IVY/ALBER HILL	678 N. WHITTIER	211 TEMECULA SOUTH
624 GLENDALE-CHEVY CHASE/E. GLENOAKS	250 NORCO	201 TEMECULA WEST
626 GLENDALE-NORTHWEST	642 NORTH HOLLYWOOD	661 TEMPLE CITY
628 GLENDALE-SOUTH OF 134 FWY	245 LAKE ELSINORE NORTH	690 UPLAND
629 GLENDORA	283 NORTH SAN DIE COUNTY	214 VALLE DE LOS CABALLOS/LOMA VISTA
217 GLENOAKS HILLS	230 NUEVO/JUNIPER FLATS	668 WALNUT
266 GRAND TERRACE	218 OAKRIDGE RANCHES/TUCALOTA/ VALLEY/GLENOAKS COUNTY	669 WEST COVINA
631 HACIENDA HEIGHTS	233 GOOD HOPE	202 WESTSIDE DELUZ/SANDIA/RANCHOS/ SANTA ROSA GROVES
223 HEMET/SAN JACINTO	686 ONTARIO	670 WHITTIER
276 HIGHLAND		240 WILDOMAR
632 HIGHLAND PARK		226 WINCHESTER
224 HOMELAND		269 YUCAIPA/CALIMESA
247 TEMESCAL VALLEY		