

QUESTIONNAIRE

ADDRESS OF PROPERTY: _____

PARCEL NUMBER: _____

OWNER INFORMATION:

NAME: _____

MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

SIZE OF PARCEL: _____

VACANT LAND: YES NO (circle one)

NUMBER OF UNITS: _____

GROSS SQUARE FEET: _____

LEASABLE SQUARE FEET: _____

CURRENT AVAILABLE SQUARE FEET: _____

RATE/TERMS: _____

AMENITIES: _____

ADDITIONAL INFORMATION: _____

****LEASING CONTACT NAME:** _____

****OFFICE PHONE:** _____

****CELL:** _____

****EMAIL:** _____

Please return form to: Bonni Becka, North Royalton Building Division
11545 Royalton Road
North Royalton, Ohio 44133
bbecka@northroyalton.org

****If you have multiple units and wish to provide us the information on each unit please make copy of form and send in separate forms for each unit.**

****This information will be listed on our website for all questions concerning the sale or lease of property.**