City of Avalon — LEASE / FIXED RATE

Revised 12/29/22

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

PLEASE INSERT
TENANT NAME & PROPERTY ADDRESS

_____
_____
_____
_____

CHECK REPORTING MONTH

☐	**JANUARY 2026**	☐	**APRIL 2026**	☐	**JULY 2026**	☐	**OCTOBER 2026**
☐	**FEBRUARY 2026**	☐	**MAY 2026**	☐	**AUGUST 2026**	☐	**NOVEMBER 2026**
☐	**MARCH 2026**	☐	**JUNE 2026**	☐	**SEPTEMBER 2026**	☐	**DECEMBER 2026**

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:

_____

Please submit any questions to Finance Dept., (310) 510-0220 or finance@cityofavalon.gov