



COMP FORM



(*Rules: St. Charles & Lincoln Counties only; must be no more than 3 months old; no repeats)

Type of Comp: Industrial Land Office Medical Retail

Property Information:

Address: _____

Submarket: _____

Premises SF: _____

Lease Information:

Commence. Date: _____ Term: _____

Lease Rate (eff.): \$ _____

Lease Type: _____

Lessor: _____

Lessee: _____

Tenant Improve. \$: _____

Sale Information:

Closing Date: _____ Sale Price: _____

Seller: _____

Buyer: _____

Additional Information:

Seller/Lessor Rep: _____

Buyer/Lessee Rep: _____

Building Type: _____

Building Size: _____ Land Area: _____

Ceiling Height: _____ % Office Finish: _____

Year Built: _____

Additional Comments:

Submitted By: _____

*Please return to Gwen at SCCAR at
Gwen@StCharlesRealtors.com prior to the
networking event (or bring to the event).
See rules for acceptance above*.*