

Tenant Name: _____ Store #: _____

Month: _____ Year: _____

We hereby certify the total Gross Revenue (excluding taxes) to be:

RETAIL	
\$	

RESTAURANT/FOOD COURT	
Restaurant	Catering
\$	\$

OTHER (If Applicable)
\$

Please return completed form by the **10th day of each month** to the Management Office at 2 Bloor Street East, Suite 401, by fax 416-963-2828 or email feiromy.franco@brookfieldproperties.com.

Authorized Signature: _____ Date: _____

Title: _____