

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 **10<sup>th</sup> day of each month** to the Management Office at 2 Bloor Street East, Suite 401, by fax 416-963-2828 or email [patricia.araujo@brookfield.com](mailto:patricia.araujo@brookfield.com).

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_