

**BROOKFIELD
PLACE**

MONTHLY GROSS REVENUE

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 Brookfield Place Management Office via email to: hannah.guirguis@brookfieldproperties.com and ilona.borgoiakova@brookfieldproperties.com.

Authorized Signature: _____ Date: _____

Title: _____