

POWERS & ASSOCIATES APPRAISAL SERVICES INC.

PHONE: 1.877.867.9079

FAX: 1.888.360.9787

EMAIL: ASSESSOR@POWERSANDASSOCIATES.CA

PROPERTY QUESTIONNAIRE (To be completed by Owner or Manager of Property)

Municipality: _____ Roll# _____

Legal Description: Plan: _____ / Blk: _____ / Lot: _____

Property Address: _____

- 1. What is the total number of leasable stalls on the property? _____
- 2. At present, how many of the stalls are vacant (or available for rent)? _____
- 3. What are your current stall rental rates: _____(annual), or _____(monthly)?

Please also provide your June / July rent roll.

- 4. Are you aware of any structural or mechanical problems with the building(s) or infrastructure? Please explain and provide details and photos if necessary.

- 5. Are there any factors that may affect the value of this property that you are aware of? (E.g.: environmental, deferred maintenance?) Please explain and provide photos.

- 6. Have there been any appraisals or written estimates of value of this property within the past three (3) years? (please check one)
 Yes _____ No _____

If yes: What was the value estimate? _____

What was the date of the appraisal? _____

Who do we contact to obtain a copy? _____

Please attach a copy with this return if you are in possession of one.

What is their phone number? _____

- 7. Is the property currently listed for sale or has it been listed in the past three (3) years?
 Yes _____ No _____

List Price? _____

Date Listed? _____

Listing Realtor? _____

- 8. Additional Comments:

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Actual Annual Expenses (Please do not include mortgage/financing debt service, depreciation allowances or capital improvements)

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Operating

Gas	\$	_____
Electricity	\$	_____
Water and Sewer	\$	_____
Garbage	\$	_____
Other (please specify)		
1. _____	\$	_____
2. _____	\$	_____
3. _____	\$	_____
Total Operating Expenses	\$	_____

Repair and Maintenance

Buildings	\$	_____
Grounds – Site Maintenance	\$	_____
Other (please specify)		
1. _____	\$	_____
2. _____	\$	_____
3. _____	\$	_____
Total Repair and Maintenance Expenses	\$	_____

Administration

Management	\$	_____
Wages and Salaries (caretaker etc.)	\$	_____
Annual Insurance	\$	_____
Supplies	\$	_____
Legal and Audit	\$	_____
Advertising	\$	_____
Office/Telephone	\$	_____
Property Taxes	\$	_____
Other (please specify)		
1. _____	\$	_____
2. _____	\$	_____
3. _____	\$	_____
Total Administration	\$	_____

TOTAL ACTUAL EXPENSES \$ _____

Name (Please Print) _____

Position _____ Date _____

Signature _____ Phone Number (_____) _____

Email Address _____