

POWERS & ASSOCIATES APPRAISAL SERVICES INC.

Phone: 1.877.867.9079 Fax: 1.888.360.9787 Email: assessor@powersandassociates.ca

Municipality: _____ Roll# _____

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

Property Address: _____

Email Address: _____ Will be kept CONFIDENTIAL

Do we have your consent to use email for future correspondence? Y/N _____

- 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 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.

- 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 you would like the assessor to consider:

- 9. Has **COVID-19** Impacted your property? _____ Please Explain: _____

- 10. **Additional Expenses due to COVID-19?**

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Property Address: _____

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 _____