

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 current rent roll.

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

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.

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 _____