



2017 Multi-Residential Property Information Request Form

Owner Contact	
Roll Number:	
Property Address:	
Property Owner:	Phone Number:
Building Name:	

Company Representative (Please print)	
Name	
Position	
Company Name	
Phone Number	
E-mail Address	

Follow-Up Contact Person (On Site Manager or Property Manager)	
Name	
Phone Number	
E-mail Address	

Please ensure that each page is initialled and dated by the company representative. If any other comments or notes need to be submitted, please attach separate sheets.

For Office Use Only.	
Property Type: _____	P-use Code: _____
Data Entered by: _____	Date: _____
Reviewed by: _____	Date: _____
<input type="checkbox"/> Attributes <input type="checkbox"/> Rent Roll <input type="checkbox"/> I&E Survey	

Initials _____ Date (DD/MM/YEAR) ____/____/____



2017 General Description Information

Roll Number:	Civic Address:
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Suite Mix and Rental Information

	#Basement	Rent/month	#Main Floor	Rent/month	#2 nd Floor	Rent/month	#3 rd Floor & up*	Rent/month
Bachelor								
1 Bedroom								
2 Bedroom								
3 Bedroom								
4 Bedroom								
5 Bedroom								

*If your property has more than 3 floors AND the rent is different please attach another sheet of paper with the Floor number, suite mix & rent/month.
 Total number of units including the basement: _____

Commercial Tenants

Tenant Name	Type of Space (Retail)	Floor Location	Leasable area	Rent/SF	Monthly Rent

On Site Caretaker: (Name)	Phone Number
Caretaker Suite:	
Does the Caretaker occupy a suite at zero or reduced rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: What rent is being charged for 2017? _____ What is the normal rent for 2017? _____
What is the suite number for the Caretaker? _____	

Amenities included in Rent	Circle one	Suite Amenities	Circle one
Heat	Yes / No	Air Conditioning	Yes / No
Electricity	Yes / No	Dishwasher	Yes / No
Water/Sewer	Yes / No	Fireplace	Yes / No
Parking	Yes / No	Balcony	Yes / No
Furniture	Yes / No	In – Suite Laundry	Yes / No
Cable TV	Yes / No	Coin Operated Laundry	Yes / No
Off Suite Storage	Yes / No	No Charge Laundry	Yes / No

Yearly Vacancy

Type of Suite	Total # of Vacant Months	Comments
Bachelor		
One Bedroom		
Two Bedroom		
Three Bedroom		
Four Bedroom		
Five Bedroom		
Commercial		

Initials _____ Date (DD/MM/YEAR) ____/____/_____



Income and Expenses

Financial statements may be submitted instead of filling in the income and expense portion of the form.

Roll Number:	Civic Address:
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Please provide information for the last full year.

12 Month Fiscal Period Ending _____, 2017

If you are reporting for only a partial year please provide the following: Start date: _____ End date: _____

RENTAL INCOME	2017	Comments
Suite Rent		
Storage Rent		
Other Rent (Explain)		
Commercial Rent		
Laundry		
Parking		
Vending Machines		
Recoveries – Expenses		
Recoveries – Property taxes		
Recoveries – Other (Explain)		
Effective Gross Income		

OPERATING EXPENSES	2017	Comments
Management fees (please circle): Owner Managed On-Site Manager Management Company Other (Explain) _____		
Insurance		
Management Fees		
Advertising		
Heating		
Electrical		
Water and Sewer		
Building Management & Repairs		
Grounds Maintenance		
Legal & Audit		
Other Operating Expenses (Explain)		
Security		
Supplies and Materials (Office, etc.)		
Garbage Removal & Exterminating		
Rentals		
Elevators		
Property Taxes		
Total Property Expenses		

Renovation / Repair Item	\$ Amount	Comments

Certification: I hereby certify that the attached information is true and correct.

Signature:		
Date:		
Name (Please print)		Title:
Daytime Phone #		Email:

Initials _____ Date (DD/MM/YEAR) ____/____/____



City Of Prince Albert
Assessment and Taxation Department
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Fax: 1-800-547-2176; Email: assessment@citypa.com

Notes or Additional Comments