



2018 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) ____/____/____



2018 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 2018? _____ What is the normal rent for 2018? _____
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 _____, 2018

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

RENTAL INCOME	2018	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	2018	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