City Of Prince Albert
Assessment and Taxation Department
1084 Central Avenue
Prince Albert, SK S6V 7P3
Fax:1 (800) 547-2176; Email: assessment@citypa.com

2024 Hotel/Motel Property Information Request Form

Owner Contact and Certification Form	
Roll Number :	
Property Address:	
Hotel/Motel Name:	
Property Owner:	Phone Number:
Property Manager:	Phone Number:
Email:	

Company Representative:(Please print)	
Name	
Position	
Company Name	
Phone Number	
E-mail Address	
Follow-Up Contact Person:(If different from above)	
Name	
Phone Number	
E-mail Address	

For Office Use Only.

Property Type:_____ P-use Code:_____

Data Entered by:_____ Date:_____

Reviewed by: _____Date:_____

☐ Attributes ☐ Rent Roll ☐I&E Survey

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2024 General Description Information

Roll Number:	Property Address:

Type of Hotel/Motel	
□ Limited Service Hotel/Motel □Full Service Hotel/Motel □Suite Hotel/Motel □Gallonage (Beverage) Hotel/Motel □Other _____	Franchise Affiliation: □ Yes □ No (Attach Franchise Agreement) Franchise Affiliate: _____ Franchise Fees: _____ Canada Select Rating (# of Stars): _____

Hotel/Motel Amenities:	
Dining/Beverage Facilities: □ Coffee Shop □ Dining Facilities □ Lounge □ Beverage Room □ Conference/Banquet Room □ Off Sale Facilities	 Seating Area (SF): _____ Licensed? □Yes □No Seating Area (SF): _____ Licensed? □Yes □No Seating Area (SF): _____ Licensed? □Yes □No Seating Area (SF): _____ Seating Area (SF): _____ Licensed? □Yes □No Area (SF): _____
Recreational/Other Facilities: □ VLT's Number: ____ □ Gift Shop □ Indoor Pool □ Outdoor Pool □ Sauna/Steam Room □ Whirl Pool □ Waterslide	□ Health Club/Fitness Centre □ Guest Laundry Facilities □ Other (Please Specify) _____

Room Information		**# Closed Rooms**	#
Total Rentable Rooms	#	Reason for Closure (Circle one below)	
Total Occupied Rooms	#	Fire Renovation Other (Explain)_____	
Annual Occupancy Rate	_____%		
Average Daily Rate	$	Length of Closure # months_____	

Charges Typically Included in Room Rates:		
□ Telephone □ Bar Fridge	□ Cable/Satellite T.V. □ WIFI □ Parking	□ Breakfast □ Kitchenette □ Other (Please Specify) _____

Parking Details (on site):	Number of Stalls	
	Covered	Surface

Initial: _____ Date: _____

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2024 Commercial Rent Roll (IF APPLICABLE)

Roll Number:	Property Address:

A	B			C	D	E	F			G			H	I	J	K	L	M					
Tenant Name/ Trade Name	Tenant Information			Floor (Basement, Main, 2nd, etc.)	Space Type (Office, Retail, Restaurant, etc.)	Rentable Area (Sq Ft)	Negotiated Lease Date			Lease Expiry Date			Lease Type Net (N) Gross (G)	Rent per Sq Ft.	Rent per Month	Monthly Occupancy Charges (if applicable)	Other Rents ($/Month) Explain ____	Check off items that are paid for by the owner					
	Owner Occupied	Leased	Vacant				DD	MM	YR	DD	MM	YR						Insurance	Utilities	Maintenance/Repairs	Janitor	Property Tax	Other (Explain)
ABC Company		√		**Main**	**Warehouse**	**2000**	**01**	**Jan**	**09**	**31**	**Dec**	**12**	**N**	**$10**	**$2000**		**300 Signs**	√				√	

Note: Do not include GST in rents

Initial: _____ Date: _____

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2024 Annual Income Statement

Financial statements can be submitted for the income/expense portion of the form.

12 Month Fiscal Period Ending_____
For Partial Year Only Please Provide:
Start Date: _____ End date: _____ # of Months _____

Roll Number:	Property Address:

Room Revenues:	**2024**		
Room Type	**# of Rooms**	**Posted Room Rates**	**Comments**
Single			
Double			
King Size			
Suite			
Executive/Presidential Suite			
Other			
Total # of Rentable Rooms			
Gross Room Revenue			
Average Daily Rate			
Annual Occupancy (%)			
RevPAR			
Revenues:		**2024**	**Comments**
Total Gross Room Revenues			
Food & Beverage Revenue:			
Coffee Shop			
Dining Facilities			
Banquet Rooms/Conference Areas			
Beverage Room Sales			
Beverage Off Sales			
Lounge			
Room Services			
Other (Please Specify) _____			
Other Revenue:			
VLT's			
ATM's			
Telephone			
Parking			
Laundry			
Other (Please Specify) _____			
Commercial Tenant Rent			
Total Revenue			

Initial: _____ Date: _____

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2024 Annual Expense Statement

12 Month Fiscal Period Ending_____
For Partial Year Only Please Provide: Start Date: _____ End date: _____ # of Months _____

Roll Number:	Property Address:

Fixed Expenses:	**2024**	**Comments**
Management Fees (circle one): Owner Managed or Management Company		
Property and Liability Insurance		
Property Taxes		
Other (Please Specify) _____		
TOTAL FIXED EXPENSES:		

Department Expenses:		
Room Expense:		
Room Related Expense		
Wages		
Food and Beverage Expense:		
Cost of Goods Sold		
Wages		
Telephone (Room)		
Other (Please Specify)		
TOTAL DEPARTMENT EXPENSES:		

Undistributed Operating Expenses:	**2024**	**Comments**
Administrative /General		
Franchise Fees		
Marketing and Guest Entertainment		
Advertising & Promotion		
Legal & Audit Fees (Professional Fees)		
Staff Wages and Benefits		
Office Supplies		
Property Operation, Maintenance, & Energy Costs (POMEC)		
Repairs & Maintenance		
Heating		
Electricity		
Water & Sewer		
Garbage Removal /Exterminating		
Supplies & Materials		
Rentals (Miscellaneous Rental Costs)		
Elevators		
Other Expenses (Explain)		
TOTAL UNDISTRIBUTED EXPENSES:		
NET OPERATING INCOME:		

Initial: _____ Date: _____

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Major Capital Expenses and Replacement Items

12 Month Fiscal Period Ending_____
For Partial Year Only Please Provide: Start Date: _____ End date: _____ # of Months _____

Roll Number:	Property Address:

Major Capital Expenses/Replacement Items:	**2024**	**Comments**
Roof	$	
Windows	$	
Heating/HVAC	$	
Other (Please Specify)	$	
Reserves for Replacement Allowance	$	

Furniture, Fixtures & Equipment (FF&E)		**2024**
Estimated Total FF&E		$
Last Major FF&E Upgrade	Year:	$

Note or Comments

Certification: I hereby certify that the attached information is true and correct.	
Signature:	
Date:	
Email:	
Please make sure to initial and date each of the attached forms & any additional pages you attached	

An appraiser may call to clarify information.