

The *Municipal Government Act* (MGA) authorizes collection of this information under s.294(1)(b), s.295(1) and s.295(4).

**This information is due on or before July 6, 2022**

<b>Property Address:</b>	<b>Tax Roll Account:</b>
<b>Property Owner Name:</b>	
<b>Name of Mini Storage:</b>	
<b>Total Number of Units:</b>	

Please provide the most recent annual fiscal period ended prior to July 2022. The information reported below should be taken from your most recent audited financial report. (i.e., If the owner's fiscal period is June to May, the period to report is June 1, 2021 to May 31, 2022.)

FROM \_\_\_\_\_ 20 \_\_\_\_\_ TO \_\_\_\_\_ 20 \_\_\_\_\_

**\*\*ALTERNATIVELY**, actual annual Rent Rolls **AND** Income & Expense Statements for the most recent fiscal period, may be provided.

To be considered complete, Rent Rolls and Financial Statements **MUST** cover all requested information.

**Please Note:** If you have any questions about the data collected, or require help completing the form, contact an Assessor at the City of Medicine Hat at 403-529-8114, ext. 2 or via email to [assessment@medicinehat.ca](mailto:assessment@medicinehat.ca).

An assessment for your property will be prepared using any available information should you fail to report the information requested. Thank-you for your co-operation.

### BUILDING DETAILS

Building No./ID	Building Size	Climate Controlled?
ie. Bldg 1	5000 sf	Heat
ie. Bldg 2	6100 sf	No heat

Building No./ID	Building Size	Climate Controlled?
ie. 10 Sea Cans	1600 sf	No heat

### PROPERTY INCOME

Please include both occupied and vacant units in the report below (or rent roll).

Unit Number / ID	Unit Location / Building	Unit Type <i>(Enclosed, Sea Can, RV, Etc.)</i>	Unit Size <i>(List Each Size on Separate Line)</i>	Heated Or Unheated <i>(H = Heated / U = Unheated)</i>	Monthly Rent Rate <i>DO NOT INCLUDE GST</i>	# Of Months Occupied	
ie.	1	Bldg #1	Enclosed	5'x10'	H	\$75	8/12
	A	N/A	Sea Can	8'x20'	U	\$150	5/12
<b>Other Rent Income</b> (Please specify in comment section on Page 2.)						\$	

*If you need extra space, please attach additional page.*

**PROPERTY EXPENSES (Actual Annual Property Expenses)**

**(DO NOT INCLUDE mortgage, bank charges, debt charges, depreciation, or business expenses)**

GENERAL:	AMOUNT PAID
Management	\$
Wages: Caretaker	\$
Annual Insurance	\$
Utilities (water, sewer, power, gas)	\$
Property Taxes	\$
License Fees	\$
MAINTENANCE & REPAIR:	
Painting / Decorating	\$
Repairs / Maintenance <i>(Please specify in comment section below)</i>	\$
Grounds Maintenance	\$
Snow Removal	\$
MISCELLANEOUS:	
Supplies	\$
Legal & Audit	\$
Advertising / Marketing	\$
Other <i>(Please Specify)</i>	\$
<b>TOTAL ACTUAL ANNUAL REPORTED EXPENSES</b>	<b>\$</b>

**CAPITAL EXPENDITURE**

Items Replaced or Upgraded <i>i.e., infrastructure, capital upgrades</i>	Year Built	Year of Renovation	Cost

*If you need extra space, please attach additional page.*

**COMMENTS**

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**APPRAISAL**

Was there an appraisal done on the property in the last 3 years?  Yes  No

If Yes, Date of Appraisal: \_\_\_\_\_ Purpose of Appraisal: \_\_\_\_\_ Amount: \_\_\_\_\_

**CERTIFICATION**

**All information provided herein has been examined by me and is true, current, and complete to the best of my knowledge.**

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Daytime Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_