

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 3, 2024

Property Address:	Tax Roll Account:
Property Owner Name:	
Name of Campground:	
Total Number of Sites:	

Please provide the most recent annual fiscal period ended prior to July 2024. 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, 2023 to May 31, 2024.)

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.

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.

PROPERTY INCOME

POTENTIAL ANNUAL SITE REVENUE (Do not include GST)

Number of Days Open Per Year:		From:			To:
SITE RENTALS <i>Types of Sites</i>	DAY RENTAL		MONTH RENTAL		POTENTIAL INCOME
	No. of Sites	Day Rate	No. of Sites	Day Rate	
Power/Water/Sewer					
Power/Water					
Power					
Basic					
Overflow					
Cabins					
Other (Please Specify)					
TOTAL POTENTIAL ANNUAL SITE REVENUE:					\$

If you need extra space, please specify in comment section on page 2.

ACTUAL ANNUAL GROSS REVENUE (Do not include GST)

SITE RENTALS <i>Types of Sites</i>	DAY RENTAL	MONTH RENTAL	ACTUAL INCOME
Power/Water/Sewer			
Power/Water			
Power			
Basic			
Overflow			
Cabins			
Other (Please Specify)			
RESERVATION FEES			
LAUNDRY			
SHOWER FEES			
OTHER (Please Specify)			
TOTAL ACTUAL ANNUAL GROSS REVENUE:			\$

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>	\$
TOTAL ACTUAL ANNUAL REPORTED EXPENSES	\$

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

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: John Doe Name: _____
 Daytime Phone No: _____ Email: _____
 Date: _____