

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 Mini Storage:	
Total Number of Units:	

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.

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
Other Rent Income (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>	\$
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: _____