

ASSESSMENT REQUEST FOR INFORMATION MINI STORAGE

2025 Assessment Year

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 9, 2025

| Property Address: | Tax Roll Account: |
|------------------------|-------------------|
| Property Owner Name: | |
| | |
| Name of Mini Storage: | |
| Total Number of Units: | |

Expenses must reflect the annual fiscal period ended prior to July 1, 2025. To be considered complete, Rent Rolls and Financial Statements **MUST** cover all requested information.

Note: Assessment values are prepared using any other available information should this request fail to be completed.

BUILDING DETAILS

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

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

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

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

If you need extra space, please attach additional page.

Tax Roll Acct:

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 (Please specify in comment section below) | | | |
| Grounds Maintenance | | | |
| Snow Removal | | | |
| MISCELLANEOUS: | | | |
| Supplies | | | |
| Legal & Audit | | | |
| Advertising / Marketing | | | |
| Other (Please Specify) | | | |
| TOTAL ACTUAL ANNUAL REPORTED | EXPENSES | | |
| CAPITAL EXPENDITURE | | | |
| Items Replaced or Upgraded | Year | Year of | Cost |
| i.e., infrastructure, capital upgrades | Built | Renovation | |
| | | | |
| If you need extra space, please attach additional page. | | | |
| COMMENTS | | | |
| | | | |
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| | | | |
| ADDDAICAL | | | |
| APPRAISAL Was there an appraisal done on the property in the last 3 years? | es 🗆 No | | |
| If Yes, Date of Appraisal: Purpose of Appraisal: _ | | Amount: | |
| CERTIFICATION | | | |
| All information provided herein has been examined by me and is troknowledge. | ue, current, an | d complete to the | best of my |
| Signature: Name: _ | | | |
| Daytime Phone No: Email: _ | | | |
| Date: | | | |

The information received will be protected in accordance with the privacy provisions of the *Municipal Government Act MGA, R.S.A. 2000, c.M-26*, the *Freedom of Information and Protection of Privacy Act, R.S.A. 2000, c.F-25* and utilized by the Assessment Department to complete their duties under *MGA Parts 9-12*.