



ASSESSMENT REQUEST FOR INFORMATION  
MOBILE HOME PARK  
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 Park:	
Total Sites on Property:	

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.

PROPERTY INCOME

Site or Unit #	Asking Rent if Vacant	Actual Rent as of June 2025	Date of Last Rent Change	Number of Months Vacant

If you need extra space, please attach additional page.

Vehicle / RV Parking Income	
Number of Stalls Rented	
Monthly Rent per Stall	
Other Parking Income	

Other Income (Annual)	
Common Area Charges	
Laundry	
Other Income (Please Specify)	

**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, cablevision, internet)	
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>	

**CAPITAL EXPENDITURE**

Items Replaced or Upgraded <i>i.e., infrastructure, capital upgrades (not mobile home renovations)</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: John Doe

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

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

Email: \_\_\_\_\_

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