



ASSESSMENT REQUEST FOR INFORMATION  
CAMPGROUND  
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 Campground:	Total Number of Sites:

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**

**POTENTIAL ANNUAL SITE REVENUE** (Do not include GST)

Number of Days Open Per Year:		From:		To:	
SITE RENTALS Types of Sites	DAY RENTAL No. of Sites	DAY RATE Day Rate	MONTH RENTAL No. of Sites	DAY RATE Day Rate	POTENTIAL INCOME
Power/Water/Sewer					
Power/Water					
Power					
Basic					
Overflow					
Cabins					
Other					
TOTAL <b>POTENTIAL</b> 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 Types of Sites	DAY RENTAL	MONTH RENTAL	ACTUAL INCOME
Power/Water/Sewer			
Power/Water			
Power			
Basic			
Overflow			
Cabins			
Other			
RESERVATION FEES			
LAUNDRY			
SHOWER FEES			
OTHER			
TOTAL <b>ACTUAL</b> 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	
<b>MAINTENANCE &amp; REPAIR:</b>	
Painting / Decorating	
Repairs / Maintenance <i>(Please specify in comment section below)</i>	
Grounds Maintenance	
Snow Removal	
<b>MISCELLANEOUS:</b>	
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</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: \_\_\_\_\_