

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 OWNER CONTACT AND CERTIFICATION

Property Address:	Tax Roll Account:
Property Owner Name:	

To be considered complete, Rent Rolls and Financial Statements **MUST** cover all requested information.

### RENOVATIONS / CAPITAL EXPENDITURES (from last 5 years to current date)

When was the last significant renovation?

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

Expenditure: \_\_\_\_\_

Items Replaced: \_\_\_\_\_

### 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: \_\_\_\_\_

### OCCUPANCY (Based on occupancy type you select below, please return Section A or B in addition to page 1.)

Please check one box:

- ☐ 100% owner occupied – Complete Section A (pages 1 & 2)
- ☐ 100% non-arm's length lessee occupied (related to property owner/business) – Complete Section A (pages 1 & 2)
- ☐ Partially owner occupied and partially non-arm's length lessee occupied – Complete Section A (pages 1 & 2)
- ☐ 100% lessee occupied – Complete Section B (pages 1,3,4,5)
- ☐ Partially owner occupied and partially lessee occupied – Complete Section B (pages 1,3,4,5)

**Note:** Assessment values are prepared using any other available information should this request fail to be completed. If a Chronic Vacancy Letter is received; the completion of this request is required to maintain the adjustment.

### 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: \_\_\_\_\_

### Questions? If you need assistance filling out this form, please contact an assessor by:

**Phone**  
403-529-8114, ext.2

**Email**  
[assessment@medicinehat.ca](mailto:assessment@medicinehat.ca)

**In Person**  
Main Floor City Hall

**SECTION A: OWNER OCCUPIED / NON-ARM'S LENGTH LESSEE OCCUPIED**

Property Address:	Tax Roll Account:
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**ANNUAL OPERATING COSTS**

Expenses must reflect the annual fiscal period ended prior to July 1, 2025.

Expense	Amount
A. Building Insurance	
B. Regular Maintenance & Repairs	

Expense	Amount
C. Condo Fees	
D. Other Building Expenses <i>Explain in 'Additional Comments' at bottom of page</i>	

**Definitions:**

- |   |  |
|---|--|
| <b>A. Building Insurance</b>                | Total annual <i>building</i> insurance cost  |
| <b>B. Regular Maintenance &amp; Repairs</b> | Regular/typical annual maintenance & repairs for the unit<br>Do NOT include structural or replacement items here (such as Roof or HVAC replacement)  |
| <b>C. Condo Fees</b>                        | Condo fees regularly paid to the condo association<br><i>Provide details of additional funds requested by the condo association and if building insurance is included in the condo fees please state so in 'Additional Comments'</i> |
| <b>D. Other Building Expenses</b>           | Any additional building expenses not listed above<br><span style="color: red;">Do NOT include</span>   |

**BUILDING INFORMATION**

Please indicate total area of each building based on external dimensions and indicate degree of finish.

Building #1	ft <sup>2</sup>	
Main Floor Area		
2nd Floor Area		
Mezzanine	Office/Retail	Storage
Basement Floor Area	Finished	Storage

Building #2	ft <sup>2</sup>	
Main Floor Area		
2nd Floor Area		
Mezzanine	Office/Retail	Storage
Basement Floor Area	Finished	Storage

*\*If property has additional buildings or additional floors, please list in the 'Additional comments'.*

**ADDITIONAL COMMENTS**


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**SECTION B: TENANT / LESSEE OCCUPIED - TENANT ROLL**

<b>Property Address:</b>	<b>Tax Roll Account:</b>
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Expenses must reflect the annual fiscal period ended prior to July 1, 2025. LEASE RATES must reflect up to July 2025.  
 To be considered complete, Rent Rolls and Financial Statements **MUST** cover all requested information.

PLEASE INDICATE ASKING RENT OF VACANT SPACES. DO NOT INCLUDE GST.

*If you need extra space, please photocopy required pages.*

**UNIT / SPACE DESCRIPTION**

Each floor location for each tenant needs to be on a separate line.

	A	B	C	D	E	F	G
	Tenant Unit Number	Tenant Business Name(s)	Occupancy Type <small>O=Owner / T=Tenant / V=Vacant</small>	If Vacant: How many months has the unit been vacant?	Space Type <small>R=Retail / O=Office / W=Warehouse / L=Land</small>	Unit Area per Floor <small>Square Feet</small>	Floor Location <small>B=Bsmt / M=Main / MZ=Mezzanine / 2 =2nd floor</small>
	#101	Tenant A (example)	T	4 or N/A	R	2000	M
i.							
ii.							
iii.							
iv.							
v.							
<b>Total Area of All Units</b> (include all owner occupied, rented and vacant areas)						ft <sup>2</sup>	

**Definitions:**

<b>A. Tenant Unit Number</b>	Unit number identifies the suite, unit or bay of the property
<b>B. Tenant Business Name(s)</b>	Business or occupant name leasing/occupying the unit
<b>C. Occupancy Type</b>	Owner (non-arm's length) / Tenant / Vacant
<b>D. If Vacant</b>	Number of consecutive months the unit has been unoccupied by tenant or owner (non-arm's length)
<b>E. Space Type</b>	Description of primary use of space or occupant purpose (Retail, Office, Warehouse, Land/Pad Lease)
<b>F. Unit Area per Floor</b>	Total square footage of each unit for each floor location including all leased, owner occupied (non-arm's length), vacant and/or storage areas
<b>G. Floor Location</b>	Physical location of the tenant's space by floor level within the building

**LEASE COMMENTS**


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**SECTION B: TENANT / LESSEE OCCUPIED - TENANT ROLL**

Property Address:	Tax Roll Account:
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**LEASE DETAILS** LEASE RATES must reflect up to July 2025.

	A	H	I	J	K	L	M	N
	Tenant Unit Number	Start Date (mmm-yy) <i>Original lease date</i>	Renewal Date (mmm-yy) <i>Beginning of current lease term</i>	Expiry Date (mmm-yy)	Term # Years / M-M=Month to Month	New, Renewal or Step-Up  N=New / R=Renewal / S=Step-up	Lease Type  NNN=Triple Net / S=Semi Net / G=Gross	Lease Rent (\$/month)  DO NOT INCLUDE GST
	#101	Jan-23	Jan-25	Jan-27	2	R	S	\$2,000
i.								
ii.								
iii.								
iv.								
v.								

**Definitions:**

<b>H. Start Date</b>	Original date tenant occupied the leased area
<b>I. Renewal Date</b>	Date current lease term began
<b>J. Expiry Date</b>	Date current lease term expires
<b>K. Term</b>	Number of years in the current lease term or state if month to month
<b>L. New or Renewal or Step-Up</b>	<b>New</b> - Formerly vacant space becomes occupied and/or change of tenant <b>Renewal</b> - Existing tenant signs a new lease term in the same space <b>Step-Up</b> - Scheduled change to the rental rate within the term of the current lease <i>Provide details in Step-Up Details below or in 'Additional Comments' on page 5</i>
<b>M. Lease Type</b>	<b>Triple Net - (Base Rent)</b> - Tenant pays rent and <u>all</u> operating costs. Tenant may pay operating costs directly or landlord may recover operating costs from the tenant. <b>Semi-Net - (Single or Double Net)</b> - Tenant pays rent and <u>one or more</u> operating costs, landlord pays remainder of operating costs from collected rent. <b>Gross Rent</b> - Tenant pays rent, landlord pays <u>all</u> operating costs from collected rent
<b>N. Lease Rent (monthly amount)</b>	Monthly amount collected based on the type of lease reported in column "L" Do not include GST or tenant inducements here

**STEP-UP DETAILS**

Date of Change and Change Amount, from column L

**INCENTIVE DETAILS**

 Have you offered any incentives? ☐ No ☐ Yes, please explain below.

**SECTION B: TENANT / LESSEE OCCUPIED - TENANT ROLL**

Property Address:	Tax Roll Account:
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**OPERATING COST INFORMATION**

Expenses must reflect the annual fiscal period ended prior to July 1, 2025.

Please indicate if each expense is paid by the Owner or Tenant even if amounts are unknown (O=Owner / T=Tenant / ?=if amount is unknown )

	A	O		P		Q		R		S	
	Tenant Unit Number	Building Insurance (\$ / month)	Paid By O / T	Regular Maintenance & Repairs (\$ / month)  <i>Provide details in next table.</i>	Paid By O / T	Property Tax (\$ / month)	Paid By O / T	Utilities (\$ / month)	Paid By O / T	Condo Fees (\$ / month)	Paid By O / T
	#101	\$100	O	\$200	O	\$100	T	?	T	\$100	O
i.											
ii.											
iii.											
iv.											
v.											

**Definitions:**

- |   |  |
|---|--|
| <b>O. Building Insurance</b>                | Insurance specific to the building not including <i>business</i> insurance   |
| <b>P. Regular Maintenance &amp; Repairs</b> | Regular/typical annual maintenance & repairs for the unit<br>Do NOT include structural or replacement items here (such as Roof or HVAC replacement)  |
| <b>Q. Property Tax</b>                      | Property tax costs for the unit  |
| <b>R. Utilities</b>                         | Utility costs for the unit   |
| <b>S. Condo Fees</b>                        | Condo fees regularly paid to the condo association<br><i>Provide details of additional funds requested by the condo association and if building insurance is included in the condo fees please state so in 'Additional Comments'</i> |

**ADDITIONAL COMMENTS**


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