

Assessment Request for Information

Mailing Address:

Name:

Daytime Phone Number: _____ - _____ - _____

Email Address:

This survey is for property address:

Roll Number:

EXTERIOR

1. Which of the following does the property have?

- | | | | |
|--|--|------------|-------|
| <input type="checkbox"/> No deck or patio | | Dimensions | |
| <input type="checkbox"/> Open (uncovered) deck / patio | | | _____ |
| <input type="checkbox"/> Covered deck | | | _____ |
| <input type="checkbox"/> Enclosed deck / Sunroom | | | _____ |
| <input type="checkbox"/> Solarium | | | _____ |
| <input type="checkbox"/> Other _____ | | | _____ |

2. Describe other buildings on property:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| | Attached | Detached | Heated |
| <input type="checkbox"/> No carport / garage | | | |
| <input type="checkbox"/> Garage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Second garage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Carport | <input type="checkbox"/> | <input type="checkbox"/> | |

INTERIOR

3. Indicate number of plumbing fixtures:

Description	Main Floor #	Upper Floor #	Bsmt/Lower #
2pc bath (sink & toilet)			
3pc bath (sink, toilet, tub or shower)			
4pc bath (sink, toilet, tub/shower combo)			
4pc bath (sink, toilet, tub, separate shower stall)			
5pc bath (double sink, toilet, tub, shower stall)			

4. Does your home contain any of the following?

- Solid core interior doors
- 9 ft+ main floor ceilings
- 9 ft+ basement or lower level ceilings
- 9 ft+ 2nd floor or upper ceilings
- Hardwood flooring
- Ceramic tile flooring
- Laminate or vinyl flooring
- Vaulted Ceiling
- Granite, quartz or similar countertops
- Built in sound system
- Theatre/media room
- Built in storage or benches
- Stair lights
- Separate entrance to basement
- Walk out basement
- In-floor heating in basement
- In-floor heating in bathrooms
- Central air conditioning
- Sauna
- Laundry sink
- Bar sink
- Secondary suite

5. Indicate the type and location of fireplaces / stoves:

	Main	Upper	Bsmt/Lower
Natural gas fireplace (built-in)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood or pellet fireplace (built-in)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric fireplace (built-in)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freestanding or woodstove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Describe the basement development (total percent of area must = 100%):

Room	# of Rooms	% of Area	Flooring <i>(eg. carpet/laminate)</i>	Walls <i>(eg. paneling/drywall)</i>	Additional Comments
Bedrooms					
Office / den					
Storage					
Bathrooms					
Rec. room					
Furnace room					

RENOVATIONS / UPGRADES

7. For each category, if renovated, indicate the year renovated. Add comments for further clarification.

Category	Year Reno'd	% Reno'd	Additional Comments
Soffits and eavestrough			
Windows			
Exterior Doors			
Exterior finish			
Interior finish <i>(ex: drywall)</i>			
Interior Doors			
Kitchen cabinets			
Kitchen counters			
Interior paint/baseboards			
Flooring			
Electrical upgrades <i>(ex: fixtures, panel/wiring)</i>			
Bathrooms			
Plumbing upgrades			
Furnace/boiler			
Hot water tank			
Structural additions <i>(ex: room additions)</i>			

8. All the information provided is true and accurate to the best of my knowledge.

Signature _____ Date _____

9. Your comments:

The information collected as part of this property valuation is done so under the authority of the Municipal Government Act (MGA) section 295(1) and is protected under the Freedom of Information and Protection of Privacy (FOIP) Act. Information will be used solely for the purpose of determining a fair and equitable assessed value of your property. If you have questions about the collection, use or protection of this information, please contact the Revenue and Assessment Services Department at: 403-342-8126, 4914 - 48 Ave, PO Box 5008, 4th Floor, City Hall, Red Deer, AB T4N 3T4. assessment@reddeer.ca