City Of Prince Albert
Assessment Division
1084 Central Avenue
Prince Albert, SK S6V 7P3
Fax:1-800-547-2176; Email: assessment@citypa.com

2025 Commercial Property Information Request Form

Owner Contact	
Roll Number :	
Property Address:	
Property Owner(s):	Phone Number:
Building Name:	

Company Representative:(Please print)	
Name	
Position	
Company Name	
Phone Number	
E-mail Address	
Follow-Up Contact Person:(If different from above)	
Name	
Phone Number	
E-mail Address	

In 2025 this property was:(Please check one)

- □ Leased
- □ Partially Leased/Partially Owner Occupied
- □ Entirely Owner Occupied
- □ Vacant Entire Year
- □ Leased to Related Party

IF THIS PROPERTY IS 100% OWNER OCCUPIED OR OCCUPIED BY COMPANIES/ SHAREHOLDERS/ INDIVIDUALS THAT ARE RELATED TO THE PROPERTY OWNER, THEN COMPLETE THE CERTIFICATION SECTION ONLY ON THE LAST PAGE AND RETURN.

Please ensure that each page is initialled and dated by the company representative.
If any other comments or notes need to be submitted, please attach separate sheets.

For Office Use Only.

Property Type:_____ P-use Code:_____

Data Entered by:_____ Date:_____

Reviewed by: _____Date:_____

□ Attributes □ Rent Roll □I&E Survey

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INCOME AND EXPENSES

FINANCIAL STATEMENTS MAY BE SUBMITTED

Please provide information for the last full year – 2025.

Detailed information for the year ending _____ (if the date is different than December 31 please state the year end date).

Roll#:	**Address:**

RENTAL INCOME	**2025**	**Comments**
Actual Gross Income		
Parking Income		
Other Income – Explain		
Recoveries – Insurance		
Recoveries – Maintenance/Repairs		
Recoveries – Management		
Recoveries – Property Tax		
Recoveries - Utilities		
Recoveries – Other - Explain		
EFFECTIVE GROSS INCOME		

OPERATING EXPENSES	**2025**	**Comments**
Insurance		
Management Fees		
Administration Fees		
Advertising		
Heating		
Electrical		
Water and Sewer		
Building Maintenance and Repairs		
Grounds Maintenance		
Legal and Audit		
Other Operating Expenses (Explain)		
Supplies & Materials		
Garbage Removal & Exterminating		
Rentals		
Elevators		
Tenant Improvements		
Property Taxes		
TOTAL PROPERTY EXPENSES		

Initials_____ Date (DD/MM/YEAR) ____/____/_____

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Roll:		**Address:**		
Inducements for the Year				
Unit/Bay	Size (Sq Ft)	T.I.'s ($) Paid by Landlord	# Months' Rent Free	Total Rent Free Amount
Vacancy for the Year				
Unit/Bay Vacant	Size (Sq Ft)	# of Months Vacant	Potential or Asking Net Rent / Sq Ft.	
Major Renovations/Capital Expenditures				
Specify Item			$ Amount	

PARKING DETAILS	# of Stalls	Rent per Stall ($)
Electrified Stalls		
Non – Electrified Stalls		
Unrestricted Public/ Visitor Parking		
Covered Stalls		
Underground Stalls		

Initials_____ Date (DD/MM/YEAR) ____/____/_____

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2025 Commercial Rent Roll

You may attach a copy of your rent roll to this page if it includes all of the required information.

(If required, please copy for more space) Page _____of _____

Roll Number:								Property Address:																								
A		B		Space Description				Lease Term						Annual Lease Details																		
				C		D	E	F	G			H				I	J	K	L												M	
									Lease Information										Check off items paid for by owner												
Tenant/Trade Name		**Unit #**	**Lease Type: Net (N) Gross (G)**	**Floor Location (B,M,Mz,2, etc)**	**Occupant Type (Owner, Tenant, Vacant)**	**Space Type (Office, Retail, Apartment, Whse, Restaurant, etc)**	**Rentable Area (Sq Ft)**	**Negotiated Lease Date (DD/MMM/YY) If month to month please specify.**			**Lease Expiry Date (DD/MMM/YY)**			**Rent ($/Square Foot)**	**Rent ($/ Month)**	**Percentage Rent $**	**Insurance**	**Heat**	**Power**	**Water/Sewer**	**Janitor**	**Maintenance/Repair**	**Property Tax**	**Other Explain**	**Monthly CAM costs If applicable**							
								DD	MM	YR	DD	MM	YY																			
Example	ABC Company	101	N	Main	Tenant	Office	1000	01	12	2014	01	06	2020	$10	$10000	25	✓		✓					Yes							

Initials_____ Date (DD/MM/YEAR) ____/____/_____

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2025 Residential Rent Roll (If Applicable)

Please complete this section if the property has one or more residential suites. If required, please copy this page for more space.

Roll Number:								Property Address:																
Suite Number	Floor (Main, 2nd, etc)	Rental Type (Check one)			Suite Size (Sq. Ft.)	Monthly Rent (per suite) ($)	**Leased (L) Or Month To Month** (M)	No. of Bedrooms (Bachelor, 1,2,3)	No. of Baths (1, 1 ½,2)	Indicate Yes/No					Included in Base Rent								Comments
															Parking			Indicate Yes/No					
		Owner	Tenant	Vacant						Subsidized	Furnished	Laundry in Suite	Balcony	Fireplace	No. of Stalls	Type (Surface, Covered, Underground)	Electrified (Y/N)	Satellite/Cable	Heat	Electrical	Water		

Initials_____ Date (DD/MM/YEAR) ____/____/_____

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CERTIFICATION

Roll#:	**Address:**

Certification: I hereby certify that the attached information is true and correct.			
Signature:			
Name (Please print)		Title:	
Date:			
Daytime Phone #		Email:	
Please ensure that each page is initialled and dated by the company representative. If any other comments or notes need to be submitted, please attach separate sheets.			
I hereby certify that the attached information is true and correct.			
Signature		Title	
Date		Phone #	
Email			

An appraiser may call to clarify information.

Additional Comments

Initials_____ Date (DD/MM/YEAR) ____/____/_____