

Assessment Request for Information

Roll Number: _____

Property Address: _____

Owner Name: _____

Daytime Phone Number: _____

Email Address: _____

Mailing Address: _____

1. What is your lot rent currently?

\$ _____

2. What is the serial # for your home? (Generally found on the inside of a kitchen cabinet door)

Serial # _____

EXTERIOR

3. What is the year built of your mobile home?

Year Built _____

4. What are the dimensions of your mobile home?

Dimensions _____

5. Which of the following does the property have?

- | | | |
|--|--|-------|
| <input type="checkbox"/> No deck or patio | | |
| <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 _____ | | _____ |

6. 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"/> | <input type="checkbox"/> |

INTERIOR

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

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

8. Does your home contain any of the following?

- Central air conditioning
- Laundry sink
- Bar sink
- Solar panels
- Vaulted Ceiling
- Duradek or composite decking
- Granite, quartz or similar countertops
- Hardwood flooring
- Ceramic tile flooring
- Laminate or vinyl flooring
- In-floor heating in bathrooms
- Interior wall finish: Drywall
- Interior wall finish: Paneling
- Other _____

9. Please describe your bathroom(s). Check all boxes that apply.

- | | | | |
|--------------|--------------------------|--------------------------|--------------------------|
| | 1st Bathroom | 2nd Bathroom | 3rd Bathroom |
| Toilet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sink | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tub | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shower Tub | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shower Stall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jetted Tub | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RENOVATIONS / UPGRADES

10. 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 (ex: drywall)			
Interior Doors			
Kitchen cabinets			
Kitchen counters			
Interior paint/baseboards			
Flooring			
Electrical upgrades (ex: fixtures, panel/wiring)			
Bathrooms			
Plumbing upgrades			
Furnace/boiler			
Hot water tank			
Structural additions (ex: room additions)			

11. Please describe each addition. Add comments for further clarification.

	Structural Addition	Year Built	Sq.ft.	Dimensions	Additional Comments
1.					
2.					
3.					

12. Your comments:

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

Signature _____ Date _____

The information collected is done so under the authority of Municipal Government Act (MGA) section 295(1) and used by the municipality to carry out the duties and responsibilities of an assessor under Parts 9 to 12 and the regulations. The information is protected under the Freedom of Information and Protection of Privacy (FOIP) Act and Municipal Government Act sections 299 to 301.1. If you have questions about the collection, use or protection of this information, please contact Assessment Services.
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