

Assessment Request for Information

Roll Number: _____

Property Address: _____

Owner Name: _____

Daytime Phone Number: _____

Email Address: _____

Mailing Address: _____

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

INTERIOR

3. Indicate number of plumbing fixtures:

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

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
- Solar panels
- Separate entrance to basement
- Walk out basement
- Central air conditioning
- Sauna
- Secondary suite

5. Areas with in-floor heating (check all that apply):

- Main floor
- Upper floor
- Basement
- Bathrooms only
- Garage
- Other _____

6. 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"/> |

7. 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
Developed					
Undeveloped					
Crawl space <i>(4 to 5 feet)</i>					

RENOVATIONS / UPGRADES

8. 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			
Roof covering			
Windows			
Exterior Doors			
Exterior finish			
Interior finish <i>(ex: drywall)</i>			
Interior Doors			
Kitchen cabinets			
Kitchen counters			
Flooring			
Interior paint			
Trim <i>(ex: baseboards, window and door moulding)</i>			
Bathrooms			
Plumbing fixtures			
Plumbing pipes <i>(ex: waterlines, drain, waste and vent lines)</i>			
Light fixtures			
Electric panel			
Electric wiring			
Hot water tank			
Furnace/boiler			
Structural additions <i>(ex: room additions)</i>			

9. Your comments:

10. 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.
Phone: 403.342.8235 **Email:** assessment@reddeer.ca **Address:** 4914 - 48 Ave, PO Box 5008, City Hall, Red Deer, AB T4N 3T4.