

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 August 5, 2026

PROPERTY OWNER CONTACT AND CERTIFICATION

Property Address: _____	Tax Roll Account: _____
Property Owner Name: _____	

COMPANY REPRESENTATIVE

Name: _____ Position: _____

Company Name: _____

Daytime Phone No: _____ Email: _____

FISCAL PERIOD

Please provide the most recent **3 years of the INCOME STATEMENTS prepared by accountants and JULY 2026 STAR REPORT provided by STR.**

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

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: _____

Note: Assessment values are prepared using any other available information should this request fail to be completed.

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

In Person
Main Floor City Hall

SECTION A: HOTEL / MOTEL SURVEY

Property Address:	Tax Roll Account:
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QUALITY RATING GUIDE

- Interior Finish:** Excellent Good Standard Below Avg.
Last FF&E Upgrade: 0 – 5 Years 5 – 10 Years 10 Years +
Last Building Renovation: 0 – 5 Years 5 – 10 Years 10 Years +

Comments

PARKING DETAILS

	# of Stalls	\$ Daily Rate	# of Public Stalls	\$ Daily Rate
EV Charging		\$		\$
Surface		\$		\$
Covered		\$		\$
Parkade – Not Heated		\$		\$
Parkade - Heated		\$		\$

PUBLIC FACILITIES

Space Type	Floor Area (ft ²)	Space Type	Floor Area (ft ²)
Banquet Rm(s)		Conference Rm(s)	
Other <i>(Please Specify)</i>		Other <i>(Please Specify)</i>	

Other Public Facilities *(Check All That Apply ☑)*

If any of the following spaces are leased or leasable, please fill out **Section B: Tenant / Lessee Occupied - Tenant Roll** (pages 6-7 in addition to pages 1-5.)

- Coffee Shop Retail Outlet space Tavern/Night Club
 Restaurant Lounge Retail Liquor/Beer Outlet
 Dining Facilities Other *(Please Specify)* _____ Other *(Please Specify)* _____

RECREATION / FITNESS ROOMS *(Check All That Apply ☑)*

- Swimming Pool Water Slide Hot Tub /Whirlpool Sauna
 Steam Room Exercise Room Racquet Ball /Squash Other *(Please Specify)* _____

SECTION A: HOTEL / MOTEL SURVEY

Property Address:	Tax Roll Account:
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EXPENSES

DEPARTMENT COSTS & EXPENSES				
	Last ½ of 2023	2024	2025	First ½ of 2026
(5) Employee Salaries/Wages/Benefits	\$	\$	\$	\$
(5) Other Salaries <i>(Please Specify)</i>	\$	\$	\$	\$
(15) F & B (Food Cost)	\$	\$	\$	\$
(15) F & B Supplies	\$	\$	\$	\$
(15) F & B Other	\$	\$	\$	\$
(20) Telephone, Cable, Internet	\$	\$	\$	\$
(30) Hotel Supplies	\$	\$	\$	\$
(35) Hotel Maintenance Supplies	\$	\$	\$	\$
(50) Admin & General	\$	\$	\$	\$
(50) Management Fee	\$	\$	\$	\$
(55) Marketing	\$	\$	\$	\$
(60) Repair & Maintenance*	\$	\$	\$	\$
(65) Utilities	\$	\$	\$	\$
(75) Legal & Audit	\$	\$	\$	\$
FIXED EXPENSES	Last ½ of 2023	2024	2025	First ½ of 2026
(90) Insurance	\$	\$	\$	\$
(95) Property Taxes	\$	\$	\$	\$
Replacement Reserves	\$	\$	\$	\$

**Repair & Maintenance Expense is one that generally reoccurs over a short period. (i.e., the cost of painting - completed each year)*

Comments

SECTION B: TENANT / LESSEE OCCUPIED – TENANT ROLL

Property Address:	Tax Roll Account:
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Expenses must reflect the annual fiscal period ended prior to July 1, 2026. LEASE RATES must reflect up to July 2026. 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 Tenant Unit Number	B Tenant Business Name(s)	C Occupancy Type <small>O=Owner / T=Tenant / V=Vacant</small>	D If Vacant: How many months has the unit been vacant?	E Space Type <small>R=Retail / O=Office / W=Warehouse / L=Land</small>	F Unit Area per Floor <small>Square Feet</small>	G 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.							
Total Area of All Units <small>(include all owner occupied, rented and vacant areas)</small>							ft ²

Definitions:

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

LEASE COMMENTS

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 2026.

	A Tenant Unit Number	H Start Date (mmm-yy) <i>Original lease date</i>	I Renewal Date (mmm-yy) <i>Beginning of current lease term</i>	J Expiry Date (mmm-yy)	K Term <i># Years / M-M=Month to Month</i>	L New, Renewal or Step-Up <i>N=New / R=Renewal / S=Step-up</i>	M Lease Type <i>NNN=Triple Net / S=Semi Net / G=Gross</i>	N Lease Rent (\$/month) <i>DO NOT INCLUDE GST</i>
	#101	Jan-24	Jan-26	Jan-28	2	R	S	\$2,000
i.								
ii.								
iii.								
iv.								
v.								

Definitions:

H. Start Date	Original date tenant occupied the leased area
I. Renewal Date	Date current lease term began
J. Expiry Date	Date current lease term expires
K. Term	Number of years in the current lease term or state if month to month
L. New or Renewal or Step-Up	New - Formerly vacant space becomes occupied and/or change of tenant Renewal - Existing tenant signs a new lease term in the same space Step-Up - 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>
M. Lease Type	Triple Net - (Base Rent) - Tenant pays rent and <u>all</u> operating costs. Tenant may pay operating costs directly or landlord may recover operating costs from the tenant. Semi-Net - (Single or Double Net) - Tenant pays rent and <u>one or more</u> operating costs, landlord pays remainder of operating costs from collected rent. Gross Rent - Tenant pays rent, landlord pays <u>all</u> operating costs from collected rent
N. Lease Rent (monthly amount)	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, 2026.

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)	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 <i>Provide details in next table.</i>	O	\$100	T	?	T	\$100	O	
i.												
ii.												
iii.												
iv.												
v.												

Definitions:

- O. Building Insurance** Insurance specific to the building not including *business* insurance
- P. Regular Maintenance & Repairs** Regular/typical annual maintenance & repairs for the unit
Do NOT include structural or replacement items here (such as Roof or HVAC replacement)
- Q. Property Tax** Property tax costs for the unit
- R. Utilities** Utility costs for the unit
- S. Condo Fees** Condo fees regularly paid to the condo association
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'

ADDITIONAL COMMENTS
