



05

2016 Commercial Property Information Request Form

The information for the **2016 calendar year** requested on this form can be submitted in one of two ways: either (1) complete this form in its entirety; or (2) submit all of the requested information in your format.

OWNER CONTACT AND CERTIFICATION FORM	
Account Number: 10018625	
Property Address: 221 N WINNIPEG STREET	
Assessed Parcel: Plan: FA4603 Block: C Lot: ; Plan: 101221142 Block: C Lot: ; Plan: 84R22521 Block: T Lot:	
Property Owner: 3346286 MANITOBA LIMITED	Phone Number:
Building Name:	

Company Representative: (Please print)			
Name:	Diane Shindelman		
Position:	mgr. Corp. Finance		
Company Name:	Shendico		
Phone Number:	204 928 8204	Fax Number:	204 284 7115
E-Mail Address:	dshindelman@shendico.com		
Follow-Up Contact Person: (If different from above)			
Name:			
Phone Number:		Fax Number:	
E-Mail Address:			

In 2016 this property was: (Please check one)
 18(1)(b)(c), Regs 8.1(a)

CERTIFICATION: I hereby certify that the attached information is true and correct.	
Signature and Initials:	<i>[Signature]</i>
Date:	13 March 17
<i>In addition to completing this form, the company representative must initial and date each of the attached forms. (If you wish to submit any comments or notes, please attach under separate sheet.)</i>	

For Office Use Only.	
Data Entered By: <i>[Signature]</i>	Date: JAN 03 2018
Reviewed By: _____	Date: _____
<input checked="" type="checkbox"/> Attributes <input checked="" type="checkbox"/> Rent Roll <input checked="" type="checkbox"/> I&E Survey	



City of Regina

Section A Commercial Rent Roll

Beginning January 1, 2017 (Please Note Date Change)

Page _____ of _____

Account Number: 10018625

Property Address: 221 N WINNIPEG STREET

A	B		Space Description				Lease Term				Annual Lease Details								
			C	D	E	F	G		H		I	J	K	L	M	N	O		
Business Name(s) and Legal Entity	Unit #	Street Address	Floor (B, M, Mez, 2, etc)	Occupant Type (Owner, Tenant, Vacant)	Space Type (Office, Retail, Warehouse)	Rentable Area (Square Footage)	Most Recent Renewal or Commencement Date (DD/MM/YY)		Expiry Date (DD/MM/YY)		Net Rental Rate (\$/Sq Ft)	Net Rent (\$/Month) Do not include GST.	Gross Rent (\$/Month) Do not include GST.	Recoverable Operating Costs (\$/Month) (e.g. Utilities, Taxes, etc) Do not include GST.	Other Rent (\$/Month)	Description of Other Rent (e.g. Sign, etc)	Months of Free Rent (For next 12 months)		
EXAMPLE: ABC Company	101	12345 Anywhere Street	Main	Tenant	Office	2000	01	Jan	02	30	Jan	09	10	\$1,665	\$2,690	\$1,000	\$25	Sign	2

Handwritten signature

Miscellaneous Income - Parking Details

# of Surface Electrified Stalls: _____	Rent/Stall: \$ _____	# of Covered Stalls: _____	Rent/Stall: \$ _____
# of Surface Non-Electrified Stalls: _____	Rent/Stall: \$ _____	# of Underground Stalls: _____	Rent/Stall: \$ _____
# of Stalls for Unrestricted Public/Visitor parking (not included above) _____			

Initial: _____ Date: _____

SECTION C 2016 Commercial Annual Income Statement

12 Month Fiscal Period Ending: _____
For partial year only please provide: Start Date: _____ End Date: _____ # of Months: _____
Account Number: 10018625
Property Address: 221 N WINNIPEG STREET

ANNUAL REPORTED INCOME

	INCOME (\$)
Rental Income	
Miscellaneous Income:	
Parking Income	
Percentage Rent	
Sign Rental	
Yard Rental	
Land Lease Income	
Other Income (<i>Specify</i>)	
Total Income	
Expense Recovery:	
Operating Cost Recovery	
Utilities	
Repairs & Maintenance	
Outside Maintenance & Security	
Administrative Costs (Legal, Advertising, Leasing, etc.)	
Insurance	
Property Tax Recovery	
Common Area Cost Recovery	
Prior Year Adjustments/Recoveries	
Other Recoveries (<i>Specify</i>)	
Total Expense Recovery	
Yearly Vacancy (%)	
Yearly Vacancy Dollar Loss Amount (\$)	
Shortfall Dollar Amount (\$) Non-recovered expenses related only to the cost of carrying <u>vacant</u> space. i.e. utilities, security, taxes, etc.	

Attached

Initial: _____ **Date:** _____

SECTION C1 2016 Commercial Annual Expense Statement

12 Month Fiscal Period Ending: _____
For partial year only please provide: Start Date: _____ End Date: _____ # of Months: _____
Account Number: 10018625
Property Address: 221 N WINNIPEG STREET

ANNUAL REPORTED EXPENSES

	Total Recoverable (\$)	Total Non-recoverable (\$) <i>(Items not included in lease)</i>
Property Taxes		
Insurance		
Utilities:		
Water and Sewer		
Electricity		
Heat, HVAC		
Other <i>(Specify)</i>		
Total Utilities		
Administration (Real Estate Related Only):		
Professional Management Fees		
Advertising		
Accounting/Legal		
Leasing Costs		
Other <i>(Specify)</i>		
Total Administrative		
Maintenance and Repairs:		
Mechanical		
Structural Repairs		
Exterior Finish		
Surface Parking		
Parkade		
Roof		
Repair Contract		
Site Maintenance		
Janitorial		
Snow Removal		
Security		
Miscellaneous		
Other <i>(Specify)</i>		
Total Maintenance and Repairs		
Total Operating Costs		
Do you maintain a replacement reserve fund?		
<input type="checkbox"/> No <input type="checkbox"/> Yes 2016 contribution \$ _____		
Capital Expenditure \$ _____ Please specify: _____		

Attached

Initial: _____ **Date:** _____

Rent Roll

221 Winnipeg Street N. - (078)

2017

Unit	Name	Primary Use	Sqft	Rent Actual Start	Renewal From	Lease To	Lease To	Annual Property Tax Recovery	Annual General/Admin Recovery	Annual CAM Recovery
------	------	-------------	------	-------------------	--------------	----------	----------	------------------------------	-------------------------------	---------------------

[18\(1\)\(b\)\(c\), Regs 8.1\(a\)](#)

18(1)(b)(c), Regs 8.1(a)