

05

TAX AND ASSESSMENT  
 APR 27 2016  
 FILE NO. \_\_\_\_\_  
 CC: \_\_\_\_\_

**2015 Commercial Property Information Request Form**

The information for the **2015 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 Shindlerman		
Position:	Manager Corporate Finance		
Company Name:	Shindico		
Phone Number:	204 928 8204	Fax Number:	204 284 7115
E-Mail Address:	dshindlerman@shindico.com		
Follow-Up Contact Person: (If different from above)			
Name:			
Phone Number:		Fax Number:	
E-Mail Address:			

In 2015 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>Diane Shindlerman</i>
Date:	30 MAR 16
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.)	

For Office Use Only.	
Data Entered By: <i>[Signature]</i>	Date: DEC - 5 2016
Reviewed By: _____	Date: _____
<input checked="" type="checkbox"/> Attributes <input checked="" type="checkbox"/> Rent Roll <input checked="" type="checkbox"/> I&E Survey	

## Section A Commercial Rent Roll

Beginning January 1, 2016 (Please Note Date Change)

Page 1 of 1

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	Business Address (es)		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/YYYY)		Expiry Date (DD/MM/YYYY)		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)			
	Unit #	Street Address					01	02	03	04								05	06	07
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

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

**Miscellaneous Income - Parking Details**

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

# of Covered Stalls: \_\_\_\_\_  
 # of Underground Stalls: \_\_\_\_\_

Rent/Stall: \$ \_\_\_\_\_  
 Rent/Stall: \$ \_\_\_\_\_

Initial: [Signature] Date: 16 Mar 16



City of Regina

Section B
2015 Expense Breakdown Summary
(Expenses not recovered from tenants - by Unit)

Account Number: 10018625 Property Address: 221 N WINNIPEG STREET

Table with columns: Unit #, Electricity, Water and Sewer, Heat, HVAC, Utilities, Janitor, Insurance, Taxes, Other. Includes an example row for Unit #1 with checkmarks in Electricity, Insurance, and Taxes.

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

Large empty table grid for recording expense breakdown data for multiple units.

Initial: [Signature] Date: 30 Mar 16

TAX AND ASSESSMENT

APR 27 2016

FILE NO. \_\_\_\_\_  
CC. \_\_\_\_\_

## SECTION C 2015 Commercial Annual Income Statement

12 Month Fiscal Period Ending: <u>Dec 31/15</u>		
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 (\$)
<b>Rental Income</b>	18(1)(b)(c), Regs 8.1(a)
<b>Miscellaneous Income:</b>	
Parking Income	
Percentage Rent	
Sign Rental	
Yard Rental	
Land Lease Income	
Other Income ( <i>Specify</i> )	
<b>Total Income</b>	
<b>Expense Recovery:</b>	
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> )	
<b>Total Expense Recovery</b>	
<b>Yearly Vacancy (%)</b>	
<b>Yearly Vacancy Dollar Loss Amount (\$)</b>	
<b>Shortfall Dollar Amount (\$)</b> Non-recovered expenses related only to the cost of carrying <u>vacant</u> space. i.e. utilities, security, taxes, etc.	

Initial:  Date: 30 Mar 16

## SECTION C1 2015 Commercial Annual Expense Statement

12 Month Fiscal Period Ending: <u>Dec 31/15</u>		
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>
<b>Property Taxes</b>	18(1)(b)(c), Regs 8.1(a)	
<b>insurance</b>		
<b>Utilities:</b>		
Water and Sewer		
Electricity		
Heat, HVAC		
Other <i>(Specify)</i>		
<b>Total Utilities</b>		
<b>Administration (Real Estate Related Only):</b>		
Professional Management Fees		
Advertising		
Accounting/Legal		
Leasing Costs		
Other <i>(Specify)</i>		
<b>Total Administrative</b>		
<b>Maintenance and Repairs:</b>		
Mechanical		
Structural Repairs		
Exterior Finish		
Surface Parking		
Parkade		
Roof		
Repair Contract		
Site Maintenance		
Janitorial		
Snow Removal		
Security		
Miscellaneous		
Other <i>(Specify)</i>		
<b>Total Maintenance and Repairs</b>		
<b>Total Operating Costs</b>		
<b>Do you maintain a replacement reserve fund?</b>		
18(1)(b)(c), Regs 8.1(a)		
Capital Expenditure \$ _____ Please specify: _____		

**Initial:** CPMS      **Date:** 30 Mar 16