

Dear Sir or Madam,

As the municipal evaluator, we have the duty to carry out a new three-year assessment role. Being that the property in question was subject of a real estate transaction in the last few years, we kindly ask you to complete the present document.

Owner's name :

File Number :

Address :

Please answer no later than

Registration number :

Sale price :

Date of sale :

1. IS THE PURCHASED PRICE THE SAME AS THE ABOVE ?

Yes No

If not, specify :

2. DID THE FINAL PRICE INCLUDE FURNITURE, EQUIPMENT OR OTHER GOODS THAT ARE NOT PART OF THE BUILDING OR LAND ?

Yes No

If yes, what is the approximate value : _____ \$ Description : _____

3. HOW LONG HAS THE PROPERTY BEEN FOR SALE ?

Year Month Day I don't know

4. WHAT WAS THE ASKING PRICE BEFORE NEGOTIATIONS ?

Indicate the amount : _____ \$

5. WAS THE SELLER A :

Parent Non-affiliated seller Known person

6. WAS IT A FORCED SALE : DATIION-IN-PAYMENT, 60 DAYS NOTICE, COURT RULING, DIVORCE OR SEPARATION SETTLEMENT ?

Yes No

If yes, specify :

7. IS THIS PROPERTY ADJACENT TO AN ALREADY OWNED PROPERTY ?

Yes No

8. ACCORDING TO YOU, WAS THE SALE PRICE OF THE REAL ESTATE TRANSACTION REPRESENTED THE MARKET VALUE OF THE PROPERTY WHEN YOU PURCHASED IT ?

Yes No

If not, specify : _____

9. DO YOU KNOW IF THE REPAIR WAS DONE BEFORE OR AFTER THE SALE OF THE PROPERTY?

	Before	After	Year of renovation	Amount (\$) (if known)
<input type="checkbox"/> Roof	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Windows	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Walls, Ceiling	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Deck (s)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Fireplace	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Kitchen (s)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Bathroom (s)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Siding	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Floor (s)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Landscaping	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Pool	<input type="checkbox"/> above-ground	<input type="checkbox"/> In-ground		
<input type="checkbox"/> Shed (s)	<input type="checkbox"/> Addition	<input type="checkbox"/> Withdrawal		

10. MAJOR RENOVATIONS TO DO WITHIN THE NEXT 5 YEARS

- Roof
- Wall (s), ceiling
- Shed, garage, etc.
- Windows
- Siding
- Well
- Deck (s)
- Kitchen
- Septic tank
- Floor (s)
- Bathroom (s)
- None

Other / Notes: _____

11. HAVE YOU DISCOVERED HIDDEN DEFECTS AFTER THE PURCHASE OF THE PROPERTY?

Yes No

If yes, which of the following :

- Roof
- Foundation
- Electricity
- Water infiltrations
- Land related
- Windows
- Structure
- Siding
- Quality of drinking water
- Insulation
- Plumbing
- Septic system
- Amount of drinking water

Other / Notes: _____

12. DID THE TOPOGRAPHY, LOCATION OR SHAPE OF THE LAND INFLUENCED THE PRICE OF THE TRANSACTION ?

Yes No

If yes, specify : _____

13. ARE THERE ANY ELEMENTS IN PROXIMITY THAT CAUSES A NUISANCE ?

- None Railway
 Dump Business, industrial pollution
 Flooding risk Farm

Other / Notes :

14. DECLARATION CERTIFICATE

I declare the information provided in this form is compliant with the state of my property. Also, **I understand the assessor or his representative may, if need be, conduct an inspection of my property**, in accordance with article 18 of the Municipal Taxation Act.

PLEASE REMEMBER TO SIGN

Signature

Print name

Please indicate how we can reach you

Home phone Work phone Extension

Cellphone

Email

ACT RESPECTING MUNICIPAL TAXATION (EXTRACT)

Article 18 :

Information : Every owner or occupant of a property or his mandatary must produce or make available to the assessor or his representative, any information respecting the property that he requires for the performance of his duties, according as he requests him to produce if by means of a questionnaire or otherwise, or to make it available [....].

RLRQ c. F-2.1

Please return the duly completed form to us bu using the envelope.

Thank you for your cooperation

POUR USAGE INTERNE SEULEMENT

Dossier vérifié par

Numéro d'employé

Date

Propriété à revisiter Oui

Non