

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 NEGOTIATION ?

Indicate the amount :

\$

### 5. WAS THE SELLER A :

Parent  Non-affiliated seller  Known person

### 6. WAS IT A FORCED SALE : DATION-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"/> <b>above-ground</b>	<input type="checkbox"/> <b>In-ground</b>		
<input type="checkbox"/> Shed (s)	<input type="checkbox"/> <b>Addition</b>	<input type="checkbox"/> <b>Withdrawal</b>		

**10. MAJOR RENOVATIONS TO DO WITHIN THE NEXT 5 YEARS**

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> Roof      | <input type="checkbox"/> Wall (s), ceiling | <input type="checkbox"/> Shed, garage, etc. |
| <input type="checkbox"/> Windows   | <input type="checkbox"/> Siding            | <input type="checkbox"/> Well               |
| <input type="checkbox"/> Deck (s)  | <input type="checkbox"/> Kitchen           | <input type="checkbox"/> Septic tank        |
| <input type="checkbox"/> Floor (s) | <input type="checkbox"/> Bathroom (s)      | <input type="checkbox"/> None               |

Other / Notes: \_\_\_\_\_

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

Yes  No

If yes, which of the following :

- |                                     |                                     |  |  |                                       |
|-------------------------------------|-------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> Roof       | <input type="checkbox"/> Foundation | <input type="checkbox"/> Electricity   | <input type="checkbox"/> Water infiltrations       | <input type="checkbox"/> Land related |
| <input type="checkbox"/> Windows    | <input type="checkbox"/> Structure  | <input type="checkbox"/> Siding        | <input type="checkbox"/> Quality of drinking water |                                       |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Plumbing   | <input type="checkbox"/> Septic system | <input type="checkbox"/> 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 ?**

<input type="checkbox"/> None	<input type="checkbox"/> Railway	<input type="checkbox"/> Other / Notes : _____ _____ _____
<input type="checkbox"/> Dump	<input type="checkbox"/> Business, industrial pollution	
<input type="checkbox"/> Flooding risk	<input type="checkbox"/> Farm	

**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**

		<b>Year</b>	<b>Month</b>	<b>Day</b>
Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Print name

**Please indicate how we can reach you**

Home phone	Work phone	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>

Cellphone

Email

**ACT RESPECTING MUNICIPAL TAXATION (EXTRACT)**

**Article 18 :**

**Information :** Every owner or occupant of a property or his mandatory 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 by using the envelope.**

**Thank you for your cooperation**

**POUR USAGE INTERNE SEULEMENT**

Dossier vérifié par

Numéro d'employé

Date

Propriété à revisiter

Oui

Non