



**2020 Request for Information
Commercial**

If you have reports that provide the same information as requested in Sections B and C, you may submit a hard copy of those documents. Please fully complete all other sections. Sign and date the last page. Please contact our office at (306) 975-3227 if you have any questions. A copy of the Commercial Guide to assist you in completing the form can be accessed and downloaded from www.saskatoon.ca/requestforinformation.

Section A: General Information

| | |
|--|--------------------------|
| Roll #: | Property Address: |
| Property Owner: | Property Type: |
| Phone Number: _____ | |
| 1. Does the property owner or a company related to the property owner manage the property? <input type="checkbox"/> Yes <input type="checkbox"/> No - Who is the property manager? _____ Phone Number: _____ | |
| 2. Building Name (if applicable): _____ | |
| 3. Is this property completely owner occupied, or occupied by a company related to the property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partly | |
| 4. Total owner occupied area | _____ sq ft |
| 5. Number of floors at or above grade | _____ Floors |
| 6. Total leasable area at or above grade (include owner occupied area) | _____ sq ft |
| 7. If there is rentable basement space, indicate the square footage that is rentable (exclude unfinished storage space) | _____ sq ft |

Section B: General Lease Information – as of Dec. 31, 2020

*Indicate all leasable spaces in the property regardless whether they are occupied or vacant.

| | | | | |
|---|--|--|--|--|
| A. Floor Level (see definition below) | | | | |
| Unit # | | | | |
| B. Type of Occupant Tenant, Owner Occupied or Vacant (see definition below) | | | | |
| Occupant Name | | | | |
| C. Tenant Space Type (see definitions below) | | | | |
| D. Free Standing (indicate yes or no) | | | | |
| Leasable Area (in square feet) | | | | |
| Mezzanine (available to each individual occupant, indicate none, storage only, or fully finished) | | | | |
| E. Lease Type (indicate net, gross, semi-gross, or land; see definitions below) | | | | |
| Rent per square foot, per year (exclude GST and occupancy costs) | | | | |
| Net Monthly Rent (exclude GST and occupancy costs) | | | | |
| Monthly Occupancy Costs (If applicable) | | | | |
| Lease Term (in years; if month-to-month, indicate mtm) | | | | |
| F. Lease Start Date (year and month) | | | | |
| G. Expenses paid by the Owner and not recovered from the Tenant (see expenses below) | | | | |

A. Floor Level – Indicate basement (**B**), semi-basement (**SB**), main (**M**), mezzanine (**Mezz**), second floor (**2nd**), third floor (**3rd**), if more than one floor indicate **2nd & 3rd**, etc.

B. Type of Occupant – Owner Occupied – If the occupant is related to the property owner through common business interests, this is an owner occupied space.

C. Tenant Space Type – select one of the following for each space: **Automotive, Bank, Convenience Store, Grocery, Office, Office/Medical, Restaurant, Retail, Warehouse, Other** (explain in space provided at bottom of page).

D. Free Standing – space that does not adjoin any other tenant space either occupied or vacant.

E. Lease Type – select one of the following: **Net** – if the tenant pays for all of the property costs (directly or through recovery), **Gross** – if the owner pays for all of the property costs, **Semi-Gross** – if costs are shared, **Land Lease** – if the tenant leases the land.

F. Lease Start Date – This is the year and month that the lease began and rental terms were set.

G. Expenses paid by Owner & not recovered – Indicate taxes (**tx**), water (**wtr**), electricity (**ele**), heat (**ht**), building insurance (**ins**), property management (**mgt**), repairs (**rep**), other.

(C.) Other – explanation of “Other” Tenant Space Type:

Section C: Property Income and Expenses (for the 12 months ended _____, 20____) **please report all income (if applicable) and expenses for the entire building for the full 12 months.**

| RENTAL INCOME | | Notes or Comments |
|---|--|--|
| 1. Actual Total Rental Income | | |
| 2. Miscellaneous Income | | |
| • Parking | | |
| • Other (please specify) | | |
| 3. Expense Recoveries | | |
| 4. Recoveries/Property Taxes | | |
| 5. Recoveries/Other | | |
| EFFECTIVE GROSS INCOME | | |
| LESS: OPERATING EXPENSES | | |
| 6. Management Fees | | Exclude management fees if the property is managed by the owner |
| 7. Administration Fees | | |
| 8. Salaries/Benefits (caretaker/janitor) | | |
| 9. Heating | | |
| 10. Electrical | | If the City of Saskatoon supplies both electricity and water, those expenses can be combined, but please indicate this |
| 11. Water & Sewer | | |
| 12. Grounds Maintenance & Snow Removal | | |
| 13. Security | | |
| 14. Property Taxes | | |
| 15. Insurance | | For the building only |
| 16. Legal & Audit Fees | | |
| 17. Supplies | | |
| 18. Repairs & Maintenance | | Do not include Major Renovations/Capital Expenses here |
| 19. Other Expenses | | |
| Tenant improvements paid by landlord | | |
| Others (please specify) | | |
| 1) | | |
| 2) | | |
| 20. Major Renovations/Capital Expenses (please specify) | | |
| 1) | | |
| 2) | | |
| 3) | | |
| TOTAL PROPERTY EXPENSES | | |
| NET OPERATING INCOME | | |

| Vacancy & Bad Debt – if these items are accounted for in dollar terms, please report below | |
|---|--|
| Bad Debts (\$) | |
| Vacancy (\$) | |
| Total Vacancy and Bad Debt | |

Section D: Tenant Inducements

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|--|
| Do any tenants benefit from a rent free period? <input type="checkbox"/> Yes – If yes, attach full details <input type="checkbox"/> No |
| Are there any tenant improvements included in the rent? <input type="checkbox"/> Yes – If yes, attach full details <input type="checkbox"/> No |
| Do any tenants have capped or fixed occupancy costs? <input type="checkbox"/> Yes – If yes, attach full details <input type="checkbox"/> No |
| Are there any other rental inducements in place? <input type="checkbox"/> Yes – If yes, attach full details <input type="checkbox"/> No |

Section E: On-Site Parking – as of Dec 31, 2020

| Parking Type | # of Stalls | Is there a charge for parking? | If Yes – Monthly Rent |
|----------------------------------|-------------|--------------------------------|-----------------------|
| Surface Stalls – Electrified | | Yes/No | |
| Surface Stalls – Non-electrified | | Yes/No | |
| Covered or Parkade Stalls | | Yes/No | |
| Enclosed or Underground Stalls | | Yes/No | |

Section F: Notes and Comments

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I declare that all the information provided is complete, true, and accurate to the best of my knowledge.

Signed: _____ Dated: _____

Completed by (Please print your name): _____

If a corporation is the owner, indicate your corporate title: _____

Contact Information: Daytime Phone #: (_____) _____ - _____
 Fax #: (_____) _____ - _____
 Email Address: _____

Please return this form by mail (a business reply mail envelope enclosed), fax (306-975-2891) or email (asmt.submit@saskatoon.ca).