

ST. JOHN'S	FCS – Condominium Unit Questionnaire 2028	Finance and Corporate Services
Condominium Unit Questionnaire 2028		

Account Information	SECTION 1
----------------------------	------------------

Condominium Name _____

Condominium Address _____

Unit Number _____ Owner Name _____

Property Sale Information	SECTION 2
----------------------------------	------------------

Purchase Date (YYYY-MM-DD) _____ Purchase Price _____

If the property has been listed for sale in the last five years, please provide:

List Date (YYYY-MM-DD) _____ List Price _____

Unit Information	SECTION 3
-------------------------	------------------

Unit Size (sq. ft.) _____ Floor (1st, 2nd, 3rd, etc.) _____

Number of Bedrooms _____ Monthly Condo Fees _____

Number of Full Bathrooms _____ Number of Half Bathrooms _____

Flooring (indicate approximate % of any applicable type i.e., 50% Hardwood, 50% carpet):

Carpet _____ Hardwood _____ Laminate _____

Vinyl _____ Ceramic Tile _____ Other _____

Kitchen: Original Unknown Updated

Date Updated _____

Bathrooms: Original Unknown Updated

Date Updated _____

Laundry: In-Unit In-Building

Number of Assigned Parking Spaces: Garage/Indoor Parking _____

Surface/Outdoor Parking _____

Balcony/Patio: Yes No

Storage Unit: Yes No

Certification	SECTION 4
---------------	------------------

As per my signature below, I certify that all information has been reviewed by me and to the best of my knowledge and believe are true, correct, and complete.

Name (Please Print) _____

Signature _____ Date (YYYY-MM-DD) _____

Phone _____ Email _____

Privacy Notice	SECTION 5
----------------	------------------

The information on this form is collected by the City of St. John’s under the authority of the Assessment Act, 2006 and will be used for property valuation and assessment purposes. The City of St. John’s is committed to the protection of personal information under the Access to Information and Protection of Privacy Act, 2015. The City will only access, use, and disclose your personal information with your consent or where it is permitted or required by law. Questions about the collection and use of the information may be directed to the Manager of Assessment by telephone: 709-576-8233 or by email: jslaney@stjohns.ca

Submission

Return all pages by mail, email and/or fax to:	Assessment Division P.O. Box 908 10 New Gower Street St. John’s, NL A1C 5M2 Email: questionnaires@stjohns.ca Fax: 709-576-8603	For further information/questions, contact the Assessment Division: Phone: 709-576-8112
--	---	--