

ASSESSMENT RECORD FORM

Region		Roll #	"ROLLNUMBER"	Legal Description	"Legal Description"
Location	"ADDRESS"				

Please Check Appropriate Box

Section A: Unit Information

Square Footage of Unit	«SQ_FOOTAGE»
Number of Bedrooms	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Number of Full Bathrooms (3 piece or more)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Number of Half Bathrooms (2 piece)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Number of Fireplaces	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Square Footage of Terrace	_____
Type of Balcony	<input type="checkbox"/> Open <input type="checkbox"/> Enclosed
	<input type="checkbox"/> More than One

Section B: Unit Details

End Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Corner Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Penthouse Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unit on Top Floor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unit is beside Elevator	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unit across from Elevator	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unit is beside Garbage Chute	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unit across from Garbage Chute	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unit is above Garbage Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unit is above Commercial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section C: View Information

Unit Exposure <i>(ie: North, South, East, West)</i>	_____
Obstructed View <i>(View impeded by another building or structure)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Panoramic View <i>(Optimal exposure; unobstructed view)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lake View <i>(Unit has a clear view of lake)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section D: Parking and Locker Information

Owned Within Condominium Plan _____	
Number of Lockers	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Number of Parking Spaces	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Owned Within Another Condominium Plan _____	
Number of Lockers	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Number of Parking Spaces	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Section E: Renovation/Alteration Information

Kitchen	<input type="checkbox"/> Original <input type="checkbox"/> Replaced	Year Replaced: _____	Replaced by: <input type="checkbox"/> Current Owner <input type="checkbox"/> Previous
Bathroom	<input type="checkbox"/> Original <input type="checkbox"/> Replaced	Year Replaced: _____	Replaced by: <input type="checkbox"/> Current Owner <input type="checkbox"/> Previous
Flooring	<input type="checkbox"/> Original <input type="checkbox"/> Replaced	Year Replaced: _____	Replaced by: <input type="checkbox"/> Current Owner <input type="checkbox"/> Previous
Other Comments: <i>(Please specify)</i>	_____ _____ _____		

Contact Information

Name	Phone Number	(H) ()	(W) ()
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This request for information is collected under section 11 and 16 of the Assessment Act. Section 13 of this Act provides for penalties for non-compliance. The Municipal Property Assessment Corporation is prevented from the unauthorized disclosure of this and other information under provisions of the Assessment Act (s.53) and the Municipal Freedom of Information and Protection of Privacy Act.



Mon – Fri. 8:00 am to 5:00pm
1 866 296-MPAC (6722)
1 877 889-MPAC (6722) TTY



1 866 297-6703



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Information Disponible en Français