

RENTAL INQUIRY FORM - COMMERCIAL OR RESIDENTIAL

MRC de Témiscamingue

Assessment Department

21, rue Notre-Dame-de-Lourdes, bureau 209

Ville-Marie (Québec) J9V 1X8

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Administration section	
File number :	
Building address :	
Number of office spaces :	
Number of apartments :	

Services included in the rent										
B : Included in the basic amount / A : Included in the additional amount / L : Paid by the tenant										
Heating	Electricity	Air conditioning	Housekeeping (Common area)	Housekeeping (Private area)	Snow removal (Local Louâ)	Property taxes (mun. and school)	Leasehold improvements (Indicate the amount paid by the owner)	Other services (Specify)		
68	40	43	99	99	57	59	62			
B	L		B	L	B	B				
B	L	B	B	B	L	B	10 000 \$			

Building rental incomes (As of July 1, 2014, excluding GST and QST)

*** Don't fill shaded areas.

office or apt. no	Occupant name or vacant	Level (basement, ground level or floor number)	Number of months without occupant	Lease terme (MM/YY)		Residential		Commercial										
				Begins	Ends	Number of bedrooms	Monthly rent amount	Area		Local use <small>(Store, office, warehouse, workshop, garage, etc.)</small>	Monthly rent amount							
								m ²	ft ²		Basic	Additional						
A	Private	1st		07/14	07/15	4½	450 \$											
209	ABC inc.	RC		05/10	05/20			1200		Office	1 000 \$			B	L	B	B	10 000 \$

Annual operation costs for the building	
For the fiscal year from January 1, 2014 to December 31, 2014 (if different, specify)	
Insurance	
Snow removal	
Electricity (heating, lighting, air conditioning, etc.)	
Heating (cost of fuel or gas if other than electricity)	
Maintenance and repairs (Exclude expenses in capital like windows or heating system replacement or expansions)	
Janitor (salary, rent reduction. If the owner do it, write 0)	
Property taxes (municipal and school)	
Administratives charges (accounting, publicity, office expenses, etc.)	
Total of annual charges	

If you lost income due to the non rental of office space or apartments or due to unpaid rent in the last 12 months, please indicate the amount.

Other comments (if necessary) :

Owner's declaration		
I certify that the informations provided in this document are correct. Anyone who makes a false statement commits offense under the Act respecting municipal taxation, c. F-2.1.		
Owner's signature	Date :	
Owner's name :	Phone number :	

