



Allen County Office Survey

Allen County Assessor - Stacey O'Day

Rousseau Centre, 1 E Main Street, Suite 415

Fort Wayne IN 46802

Ph 260-449-7501 Fax 260-449-3115

Section A: Owner/Filer Information

Owner Name: _____
 Business Name: _____
 Mailing Address: _____
 Contact #: _____
 E-Mail Address: _____

Section B: Property Information

Complex Name: _____
 Property Address: _____
 Gross Sq Ft: _____
 Parcel(s): _____

Section C: General Information

Property is 100% owner occupied: Yes _____ No _____
 If the answer is yes, please complete 1st page and return to the above address.
 If the answer is no, please complete the remaining pages and return to the above address.
 Lease Type: Net _____ Double Net _____ Triple Net _____
 Gross Building Square Ft: _____
 Net Leasable Square Ft: _____

Section D: Vacancy Information

2020 _____ sq ft rentable _____ % vacant
 2019 _____ sq ft rentable _____ % vacant
 Actual loss of income in 2020 from bad accounts: \$ _____
 Current market rent per sq ft for vacant space: \$ _____

Section E: Capital Improvements, Renovations

Has the property had Capital improvements or Capital renovations during the reporting period? Yes No
 If yes, please provide a total cost here and attach a detailed list of improvements on a separate page.
 Total Capital Cost: \$ _____
 Do you fund a reserve for future capital improvements? Yes No
 If yes, what is the annual amount? \$ _____

Section F: Appraisals & Sales

Appraisal information:
 Has there been a professional appraisal on this real property in the last 5 years? Yes _____ No _____
 If yes, appraiser's estimate of value \$ _____ Date of value: _____

Section G: Sales Information:

Date Acquired: _____ Price _____
 Date Sold: _____ Price _____
 Is the property currently available for sale: \$ _____

Section H: Please submit your last three years (2018, 2019, & 2020) Income & Expense Information to complete this filing.

All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete.

Contact Person: _____
 Management Firm (if applicable) _____
 Address: _____
 Phone: _____
 Date: _____ Signature: _____ Title: _____

