



Special Areas Board

Legal Location: _____

Your Contact Information: _____

Mailing Address: Box 820, Hanna Alberta, T0J 1P0 Fax Number: (403) 854-5633 Phone Number: (403) 854-5636 Email Address: Robert.Smyth@specialareas.ab.ca

Dear Homeowner or Tenant

The Assessment Department is required to assess properties at their market value. The department does this by comparing the characteristics of your home to the characteristics of homes that have recently sold. To confirm that your assessment is fair in comparison to that of your neighbours, the Assessment Department does an inspection on a percentage of residences each year as well as all residences that have had a name change on title for any reason and any new construction.

While at your property, the Assessor does an **Exterior Inspection** and takes digital photo(s) of your home. The Assessor may have also measured your home or the buildings on the property. If your property had a name change on title, the Assessor would have also documented all the improvements that are on the property.

To guarantee the assessment information on your home is correct and that your assessed value is fair, your co-operation is essential. Please complete and return the following questionnaire.

Please contact the department at the above information if you have any questions or concerns or if you wish to set up an appointment with the Assessor.

What is the square footage of your home? _____

When was your home built?

What is the square footage of your basement?

What type of construction does your basement / foundation have? (Please Circle) Concrete / Cinder Block / Wood / Insulated Concrete Forms / Dirt / On Piles / Crawl Space Only

What type of flooring do you have in your home?

What type of cabinets and countertops do you have in your home?

What type of siding do you have on your home?

What type of roofing do you have on your home? _____

What type of heating does your home have? _____

Does your home have any of the following? Please check off all that apply.

Central Air Conditioning

- ___ Hot Tub ___ Laundry Sink Second Kitchen Area
 - ___ Sauna
- ___ Separate Basement Entry ___ In-floor Heat
- ___ Bar Sink Sink by the Door

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Roll # _____ What type of Fireplace does your home have and where? ______

How many bathrooms are in the home? _____

Each bathroom has a toilet and sink and which of the following? Please indicated the number of bathrooms on each floor that have these fixtures.

Fixture	Main Floor	Upper Floor	Basement
Tub with Shower Combination			
Jetted Tub with Shower Combination			
Second Sink			
Shower Stall			
Jetted Tub			
Soaker Tub			
Toilet and Sink Only			

What percentage of the basement has been developed into a living area?

Please indicated the number and type of rooms that have been developed.

Please fill out the following chart to help determine how much of the home has been updated.

Item	Original Yes/No	Percentage Updated	Year Updated
Roofing			
Siding			
Windows			
Exterior Doors			
Flooring			
Kitchen Cabinets			
Countertops			
Bathroom Cabinets			
Bathroom Fixtures			
Interior Doors			
Heating			
Basement Development			

Please indicate the size and year built of any additions to the house.

Are any of the following not complete in your home? If so, please indicate the percentage that is complete.

Item	Percentage Complete
Trim – Main Floor and Upper	
Trim – Basement	
Painting – Main Floor and Upper	
Painting – Basement	
Doors Hung – Main Floor and Upper	
Doors Hung – Basement	
Basement Bathroom	
Basement Dry-walled and Ready For Paint	
Basement Flooring	
Basement Ceiling	

Does your home have any issues that you feel would affect the value of your home?

Thank you for your co-operation.

All the information provided is true and accurate to the best of my knowledge.

Signature/Date