

**COMMERCIAL RENTAL QUESTIONNAIRE 2024 MATAMATA-PIAKO DISTRICT COUNCIL REVALUATION**



**Valuation Ref. No.**

**Valuation Category:**

**Property Location:**

Please enter the information tenancy by tenancy, and state any areas which are vacant or owner occupied

| Floor No.<br>Room No.<br>or Street<br>No.   | Name of Tenant or lessee | Floor area<br>(if known) | Current Rental<br>(per annum)<br><b>excl GST</b> | Outgoings paid by<br>tenant, e.g. rates,<br>insurance, heating,<br>building<br>maintenance, ground<br>rent<br><b>(excl GST)</b> | Other items<br>included in rent,<br>(e.g. number of<br>car parks) | Lease details           |                                     |                             | Other remarks |
|---|--------------------------|--------------------------|--|---|---|-------------------------|-------------------------------------|-----------------------------|---------------|
|   |                          |                          |  |   |   | Date Lease<br>commenced | <b>Date of last<br/>rent review</b> | Term &<br>renewal<br>rights |               |
| <b>NOTE: If the WHOLE BUILDING IS OWNER OCCUPIED – then no further information required</b> |                          |                          |  |   |   |                         |                                     |                             |               |
|   |                          |                          |  |   |   |                         |                                     |                             |               |
|   |                          |                          |  |   |   |                         |                                     |                             |               |
|   |                          |                          |  |   |   |                         |                                     |                             |               |
|   |                          |                          |  |   |   |                         |                                     |                             |               |
|   |                          |                          |  |   |   |                         |                                     |                             |               |
|   |                          |                          |  |   |   |                         |                                     |                             |               |
|   |                          |                          |  |   |   |                         |                                     |                             |               |
|   |                          |                          |  |   |   |                         |                                     |                             |               |

What are the earthquake strengthening requirements of the building, if any? (please comment below)

Have there been any significant changes (including earthquake strengthening) made to the property over the last three years? (please comment below)

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|                    |                           |
|--------------------|---------------------------|
| Form completed by: |                           |
|                    | Please print name clearly |
| Company:           |                           |
| Daytime Phone:     |                           |
| Mobile:            |                           |

Please return completed questionnaire by EITHER, **EMAIL** to [info.revaluationsnz@opteonsolutions.com](mailto:info.revaluationsnz@opteonsolutions.com) OR **POST** to Tenancy 3, Level 14, 5-7 Byron Ave, Takapuna New Zealand.