

**CHILDCARE CENTRE RENTAL QUESTIONNAIRE 2024 SOUTH WAIKATO DISTRICT COUNCIL REVALUATION**



Property known as: \_\_\_\_\_

Valuation Ref. No:

Property Location:

NOTE – if the building is OWNER OCCUPIED, please simply note below and return the form otherwise blank

Street No.	Name of Tenant or lessee	Floor area m <sup>2</sup> (if known)	No. of Children (licensed or optimal operational number)	Current Rental (per annum) (excl GST)	Additional expenses paid by tenant, e.g. rates, insurance, heating. (excl GST)	Other items included in rent, (e.g. number of car parks)	Lease details		
							Date Lease commenced	Date current rent was reviewed	Term & renewal rights

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

Have there been any significant changes 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.