COMMERCIAL RENTAL QUESTIONNAIRE 2024 SOUTH WAIKATO 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. Room No.	Name of Tenant or lessee	Floor area (if known)	Current Rental (per annum)	Outgoings paid by tenant, e.g. rates,	Other items included in rent,	nt,	Lease details	Other remarks	
or Street No.			excl GST)	insurance, heating, building maintenance, ground	(e.g. number car parks)		Date of last rent review	Term & renewal rights	
				rent (<mark>excl GST</mark>)					
NOTE: If the WHOLE BUILDING IS OWNER OCCUPIED – then no further information required									
Does the building have any known earthquake strengthening requirements? YES / NO If yes, please explain below Have there been any significant changes (including earthquake strengthening) made to the property over the last three years? If so, please write details here									
						Form completed	<i>'</i>		
							Please print	name clearly	
					Compa	ny:			
						Daytime Pho	ne:		
						Mob			

Please return completed questionnaire by EITHER, **EMAIL** to <u>info.revaluationsnz@opteonsolutions.com</u> **OR POST** to Tenancy 3, Level 14, 5-7 Byron Ave, Takapuna New Zealand.