## CHILDCARE CENTRE RENTAL QUESTIONNAIRE 2024 WHANGAREI DISTRICT COUNCIL REVALUATION





Property known as:				(e.g. Lilliput Childcare)					
Valuation Ref. No:		Proper	ty Location:						
	NOTE -	- if the buildir	ng is OWNER C	CCUPIED, please si	mply note below and re	turn the form othe	erwise blank		
Street No.	Name of Tenant or lessee	Floor area m <sup>2</sup>	No. of Children	Current Rental (per annum) (excl GST)	Additional expenses paid by tenant, e.g.	Other items included in rent, (e.g. number of car parks)	Lease details		
		(if known)	(licensed or optimal operational number)		rates, insurance, heating.  (excl GST)		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:

Company:

Daytime Phone:

Mobile:

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.