



Allen County Office Survey

Allen County Assessor - Stacey O'Day

Rousseau Centre, 1 E Main Street, Suite 415
Fort Wayne IN 46802
Ph 260-449-7501 Fax 260-449-3115

ASSESSOR'S OFFICE

Section A: Owner/Filer Information

Owner Name: _____
Business Name: _____
Mailing Address: _____
Contact #: _____
E-Mail Address: _____

Section B: Property Information

Complex Name: _____
Property Address: _____
Gross Sq Ft: _____
Parcel(s): _____

Section C: General Information

Property is 100% owner occupied: Yes _____ No _____
If the answer is yes, please complete 1st page and return to the above address.
If the answer is no, please complete the remaining pages and return to the above address.
Lease Type: Net _____ Double Net _____ Triple Net _____
Gross Building Square Ft: _____
Net Leasable Square Ft: _____

Section D: Vacancy Information

2021 _____ sq ft rentable _____ % vacant
2020 _____ sq ft rentable _____ % vacant
Actual loss of income in 2020 from bad accounts: \$ _____
Current market rent per sq ft for vacant space: \$ _____

Section E: Capital Improvements, Renovations

Has the property had Capital improvements or Capital renovations during the reporting period? Yes No
If yes, please provide a total cost here and attach a detailed list of improvements on a separate page.
Total Capital Cost: \$ _____
Do you fund a reserve for future capital improvements? Yes No
If yes, what is the annual amount? \$ _____

Section F: Appraisals & Sales

Appraisal information:
Has there been a professional appraisal on this real property in the last 5 years? Yes _____ No _____
If yes, appraiser's estimate of value \$ _____ Date of value: _____

Section G: Sales Information:

Date Acquired: _____ Price _____
Date Sold: _____ Price _____
Is the property currently available for sale: \$ _____

Section H: Please submit your last three years (2020, 2021, & 2022) Income & Expense Information to complete this filing.

All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete.
Contact Person: _____
Management Firm (if applicable) _____
Address: _____
Phone: _____
Date: _____ Signature: _____ Title: _____

