

Lacombe County Assessment Department
Lacombe County, RR3
Lacombe, Alberta T4L 2N3
assessment@lacombecounty.com

Roll Number: _____

Date of Request:
Response Due:



RE: Assessment Request for Information

Legal: _____

Short Legal: _____

Dear Citizen:

Lacombe County Assessment Department actively verifies property details through physical inspections, interviews, questionnaires and listings to fairly and accurately prepare property assessments. Please assist us by clearly completing BOTH sides of this survey regarding the recent sale/purchase of your property and returning the survey as indicated below. If you find there is not enough room to complete some of these questions, please attach a second sheet. The *Municipal Government Act* authorizes the assessor to collect this information. Failure to provide information requested by the assessor may result in any assessment complaint filed with an Assessment Review Board being dismissed by the Board. Should an Assessor need to physically visit your property, notice of inspection is printed monthly in the County newsletter distributed to all property owners, on our webpage, and as detailed in this letter.

Municipal Government Act, Chapter M-26-1 2017, Section 294

- (1) After giving reasonable notice to the owner occupier of any property, an assessor may at any reasonable time, for the purpose of carrying out the duties and responsibilities of the assessor under Parts 9 to 12 and the regulations,
 - (a) enter on and inspect the property,
 - (b) request anything to be produced, and
 - (c) make copies of anything necessary to the inspection.

Section 295

- (1) A person must provide, on request by the assessor, any information necessary for the assessor to carry out the duties and responsibilities of an assessor under Parts 9 to 12 and the regulations.
- (4) No person may make a complaint in the year following the assessment year under section 460 or, in the case of designated industrial property, under section 492(1) about an assessment if the person has failed to provide any information requested under subsection (1) within 60 days from the date of the request.

Your survey is included with this letter, or you may wish to complete the survey online as a fillable document at: <https://www.lacombecounty.com/en/living-here/request-for-information-rfi-package.aspx>

Surveys can be returned using the following options:

1. Email: assessment@lacombecounty.com Please include your roll number in the subject line.
2. Mail: Lacombe County, Assessment Department
Lacombe County, RR 3
Lacombe, Alberta T4L 2N3
3. Drop-Off:
Lacombe County Administration Office
40403 Range Road 274
Lacombe County, Alberta

The fairness and equity of market value assessments depends on the quality of the data used to prepare them. We appreciate your co-operation in completing the following survey to help us understand the property and the circumstances of the transaction.

Please ensure both pages of the survey are completed and returned, Thank you.

Please ensure both pages have the Roll number on them.



**LACOMBE COUNTY SALE
VALIDATION SURVEY**

Part I – Details of the Sale (Roll: _____)

SALE PRICE: \$_____ SALE DATE: _____ (mm/dd/yyyy) (reported to us by Land Titles)

1. How did you know the property was for sale?
a. Realtor b. Newspaper/Internet Listing c. Word of Mouth d. For Sale by Owner e. Auction
f. Lease back or Vendor take back mortgage g. Other:_____
2. Was the sale influenced by any unusual circumstances? a. NO b. Foreclosure
c. Forced sale/purchase d. Financing e. Partial Interest f. Other:_____
3. Was the property purchased from a developer? Yes/No
4. Did the sale involve a trade or exchange of properties? Yes/No
5. Were the parties to the sale related? Yes/No (If Yes, circle response below)
a. Sale between PARENT & CHILD, GRANDPARENTS & GRANDCHILDREN, OR SIBLINGS.
b. Sale between NON-IMMEDIATE FAMILY MEMBERS (i.e. uncle/aunt, niece/nephew, cousins).
c. Sale between CORPORATE AFFILIATES of the same parent company.
d. Sale between friends or neighbors
6. In your opinion, does the sale price reflect the fair market value of the real estate on the date of sale?
(i.e. Do you feel you paid too much or got a good deal)? Yes/No - If No, please explain.

7. If this sale included more than one parcel please indicate the value of each parcel.

8. Was there an Appraisal completed on the property? Yes/No - (If Yes, please enter the date, amount,
and who supplied it below).

9. What was the primary use of the property at the time of sale?
a. RESIDENTIAL – VACANT b. RESIDENTIAL –NON-FARM - SINGLE FAMILY c. RESIDENTIAL – FARM
d. AG LAND – CULTIVATED e. AG LAND – PASTURE g. COMM/INDUSTRIAL – VACANT
h. COMM/INDUSTRIAL – IMPROVED i. RECREATIONAL j. OTHER: _____
10. If the primary use selected above included Res – Farm or Ag land please tell us about the agricultural
products grown/produced and on the property within the last year.

11. Do you intend to continue this activity? Yes/No
12. Are you willing to discuss the activity and provide evidence of “sales” if asked? Yes/No
An assessor is required to verify a reasonable amount of sales to determine the properties status as a ‘farming operation’.
13. Was a secondary use occurring on the property at the time of sale? Yes/No (Indicate use below)
a. NON-RESIDENTIAL OR BUSINESS (e.g. repair shop, welding shop, trucking shop or hair salon): Please describe:

14. Was an income earned from renting a portion of the property at the time of sale? Yes/No
Please indicate what the income resulted from:
a. LEASE OF A BUILDING ON THE PROPERTY
b. NON-RESIDENTIAL PAD SITE: (e.g. Energy (well site/solar) or Comm Tower Site Lease).
c. LEASE OF AN AREA ON THE PROPERTY
d. Other: _____
Yearly Rent Received \$_____ Term of Lease: 20_____ to 20_____
The County asks for information about the earning potential of a property to understand the impact it may have on the
agreed upon sale price.

Roll: _____

15. Was any personal property included in the sale price (e.g. appliances, furniture, equipment, machinery, RV's, livestock, crops, inventory, etc)? Yes/No - (If Yes, please indicate below, the items and the amount negotiated for the items).

16. Other than the residence, how many other buildings/improvements are on the property and approximately how much value did they contribute to sale price? (i.e. Arch rib shop - \$15,000 Detached Garage \$20,000)

Part II - Property Information

1. Was the property partly or fully serviced at the time of sale? Yes/No

a. FULLY SERVICED	
b. Water (cistern/well)	c. Power
d. Gas (natural or other)	e. Sewer (municipal or septic)

IF THE PROPERTY IS A VACANT PARCEL OF LAND, DISREGARD QUESTIONS 2 - 7, CONTINUE TO - QUESTION 8.
IF THE PROPERTY CONTAINS AT LEAST ONE RESIDENCE, PLEASE ANSWER QUESTIONS 2 - 7 FOR EACH.

2. What type of substructure does the residence have? **a.** Concrete **b.** Treated Wood **c.** Concrete Block
d. Concrete/Pile (No Basement) **e.** Grade Beam/Pile **f.** Wood Sills (No Basement) **g.** Blocking (No Foundation)
h. Steel Piles **i.** Other:_____

3. What type of heat does the residence have?

a. Forced air	b. Pulse F/A	c. Hot Water	d. Gravity	e. Electric
f. Radiant Roll (in Slab)	g. Radiant Roll (in joist)	h. Geo-thermal	i. Other: _____	

4. Does the residence have Air Conditioning? Yes/No

5. Does the residence have any Basement Development (e.g. bed, bath, or family rooms)? Yes/No

How much (%) of the area is developed? _____ Total number of developed rooms? _____

Is there basement kitchen? Yes/No

5.a Is the basement a walk out basement? Yes/No

6. Please indicate the type and number of plumbing fixtures, including those in the basement and lower levels. (Please include kitchen & laundry sinks, shower stalls, tubs, toilets and specify hot tubs/saunas.)

	Basement	Lower Level	Main	2 nd Flr/Upper Flrs
Kitchen Sink				
Toilets				
Basin (Sinks)				
Tub				
Shower				
Other (specify)				

7. Please indicate if the residence has any wood stoves/fireplaces.

	Basement	Lower Level	Main	2 nd Flr/Upper Flrs
Wood Fireplace				
Wood Stove				
Natural Gas FP				

8. Has the property changed since the sale/purchase (such as additions, renovations, or demolitions, addition/removal of services)? Yes/No - (If Yes, please describe any changes below).

Certification

Please fill out the contact information below so we can contact you if we have further questions.

(Signature)

(Please Print Name)

(Date)

Phone: _____(day) _____(evening)

Email: _____

Thank – You for your Cooperation!
If you have any questions regarding this request for information, please contact your Assessor.