MRC DES COLLINES-DE-L'OUTAOUAIS

MUNICIPAL ASSESSMENT DEPARTMENT
819-827-0516

REAL ESTATE TRANSACTION ANALYSIS INQUIRY

This request is done in accordance with article 18, 36.1 and 46 of the LFMQ

As the municipal body responsable for assessment, we must inspect and analyse all immovable sales to establish a new property assessment roll. Considering the fact that the property mentioned above has been sold, please complete the form and return it by using the prestampted envelope.

Please add any information on a separate sheet of paper	
➢ Is the paid price the same as the one specified above? If not, specify:	❑ Yes ❑ No
➢ What was the asking price? Specify:	
➢ Is there any major factor that influenced the transaction or the sale price? If yes, specify:	❑ Yes ❑ No
➢ Does the sale price include any furniture, equipment or other items? If yes, specify: What is the estimated value?	❑ Yes ❑ No
➢ Is there any acquaintance between the parties (family, friend, etc.)? If yes, specify:	❑ Yes ❑ No
➢ Was the water supply and septic system functional and in conformity with the regulations? If not, specify:	❑ Yes ❑ No
➢ Was the property well maintained? If not, specify:	❑ Yes ❑ No
➢ After the purchase, did you noticed any hidden defects? ❑ Roof ❑ Foundation ❑ Floor ❑ Others: ❑ Doors / windows ❑ Structure ❑ Plumbing ❑ Septic system ❑ Exterior wall siding ❑ Insulation ❑ Electricity ❑ Water infiltration ❑ Water supply	❑ Yes ❑ No
➢ Was there any additions, renovations or improvements made **BEFORE** or **AFTER** the sale or **TO BE DONE** within the next 5 years? If yes, specify by using the information below:	❑ Yes ❑ No

Improvements	BEFORE	AFTER	TO BE DONE	Improvements	BEFORE	AFTER	TO BE DONE
	✓	Cost	Cost		✓	Cost	Cost
Added living area		Area	Area	**Kitchen cabinets**			
Added dwelling		Number of dwellings	Number of dwellings	**Bathroom**			
Roof				**Walls / ceilings**			
Doors / windows				**Floor covering**			
Exterior wall siding				**Heating system**			
Foundation				**Air conditioning**			
Exits (deck, patio, veranda, etc.)				**Plumbing**			
Other buildings (garage, shed, workshop, etc.)				**Electricity**			
Finished basement		Area	Area	**Others:**			

Additional information

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DECLARATION

I declare that the information supplied in the present document, is in accordance with the condition of my building. Therefore, I understand that the assessor or his representative can, if necessary, proceed to an inspection of my building, according to articles 18, 36.1 and 46 of the Act Respecting Municipal Taxation.

PLEASE, DO NOT FORGET TO SIGN

Date: _____/_____/_____

Signature: _____ Printed name: _____

Phone: _____-_____-_____ ❑home ❑cellular ❑work
Extension_____

Phone: _____-_____-_____ ❑home ❑cellular ❑work
Extension_____

PLEASE, RETURN THE COMPLETED FORM BY USING THE ENCLOSED PRESTAMPTED ENVELOPE OR BY EMAIL AT inspection@mrcdescollines.com
THANK YOU FOR YOUR COLLABORATION