Property Valuation Services Corporation

2027 Property Income and Expense Questionnaire
GOLF PROPERTY TYPES
Information for year ending December 31, 2025

GENERAL ACCOUNT INFORMATION	
Email on Record	
Main Assessment Account Number	
Golf Course Name	
Property Location	
Owner	

GOLF COURSE OPERATION			
Length of Course		First Year Course Opened	
Architect / Designer of Course		Land Area Covered by Course	
Number of Rounds Started**		Days Open	
Number of Members		Average Initiation Fee	
Number of New Members		Average Membership Dues	
** Rounds should be expressed in terms of 18-hole rounds		Average Restaurant Dues	

COURSE TYPE (Check where appropriate)

Municipal	☐	Private - equity	☐
Public	☐	Private - non-equity	☐
Semi-private, some members	☐		

NUMBER OF HOLES

	No.	Par	RCGA / Golf Canada Slope Rating	Typical Weekend Fee
Championship				
Regulation				
Executive				
Par 3				

FACILITIES INFORMATION

* Check where appropriate		Area (Sf)
Clubhouse	☐	
Maintenance Garage(s)	☐	
Golf Cart Storage Building (s)	☐	

Health Club	☐	Banquet Facilities	☐	Other: _____	☐
Dining Room	☐	Pro Shop	☐		
Lounge / Bar	☐	Driving Range	☐		
Tennis Courts	☐	Lockers	☐		

Return ALL PAGES to PVSC by email, mail and/or fax:		Contact PVSC regarding any questions or information:	
Email:	inquiry@pvsc.ca	Phone:	1-800-380-7775 (Within North America)
Fax:	1-888-339-4555 (Within North America)		1-902-893-5800 (Outside North America)
	1-902-893-6101 (Outside North America)	Website:	www.pvsc.ca
Mail:	Suite 6, 15 Arlington Place		
	Truro, NS B2N 0G9		

OFFICE USE ONLY			
Date Received:	Date Scanned:	Date Logged:	Date Input:

Property Valuation Services Corporation

2027 Property Income and Expense Questionnaire
GOLF PROPERTY TYPES
Information for year ending December 31, 2025

Main Assessment Account Number:	
FINANCIAL INFORMATION for fiscal period ending (DD/MM/YYYY):	

REVENUES	
Total Green Fees	
Total Membership Dues	
Total Initiation & Transfer Fees	
Other Club / Locker Revenues	
Gross Sale Revenue (Pro Shop, Restaurant, etc.)	
Commercial Rents (If Applicable)	
(Specify Leased Space - Restaurant, Pro Shop, etc.)	
Events - Weddings, etc. (including catering if not included in restaurant revenue)	
Total Revenue	

GROSS SALES	
Restaurant / Lounge / Concessions	
Pro Shop	
Driving Range	
Golf Cart	
Other	
Total Gross Sales	

EXPENSES	
Maintenance & Operations	
Management, Admin. & Marketing	
Water	
Heat and Utilities	
Property Insurance (12 months)	
Other Expense (Specify)	
Total Operating Expenses	
Property Taxes	

NET OPERATING INCOME	

Identify Major Renovations or Capital Expenditures			
Have there been Capital Improvements or Capital Renovations completed during this reporting period? If yes, please specify below.		Yes ☐	No ☐
Item 1:		Associated Cost:	
Item 2:		Associated Cost:	
Please attach a detailed list if space provided is insufficient.		Total Capital Cost:	

CERTIFICATION: As per my signature below, I certify that all information, accompanying schedules and statements have been reviewed by me and to the best of my knowledge and belief are true, correct and complete.

Name	Position	I am: ☐ Owner / Employee ☐ Agent / Management Company
Signature	Phone Number	Date (DD/MM/YYYY)