



2027 Property Income and Expense Questionnaire PARKADE PROPERTIES

Information for year ending December 31, 2025

Page 1 of 3

GENERAL ACCOUNT INFORMATION (please provide the following data from your Income and Expense request letter)

Assessment Account Identifier (eg. 01234567-54-0706)	
Property Location	
Owner	
Corporate Email Address	

BUILDING INFORMATION

Parkade Name		Year Built	
Year Renovated		Number of Levels	
Number of Outdoor Spaces		Monthly Rate for Outdoor Space	
Number of Indoor Spaces		Monthly Rate for Indoor Space	
Number of On-site Storage Units		Monthly Rate for Storage Units	

FINANCIAL INFORMATION for fiscal period ending (DD/MM/YYYY)

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REVENUE COLLECTED

Parking Rental Income	
Commercial Rental Income (if applicable, please complete page 3)	
Recovery Income	
Other Income (please specify)	
Total Gross Income	

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

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Please provide your Assessment Account Identifier, as entered on Page 1:

OPERATING EXPENSES	NON-RECOVERABLE (not due to vacancy)	RECOVERABLE
Management		
Administration		
Utilities: Electricity		
Heat		
Water and Sewer		
HVAC		
Waste Removal		
Repairs & Maintenance: General		
Structural		
Security		
Professional Fees - Legal & Audit		
Property Insurance (12 months)		
TOTAL OPERATING EXPENSES (excluding property taxes)		

NET OPERATING INCOME
(before Depreciation, Debt Service and Realty Taxes)

Property Taxes

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 (Please Print)	Position	I am: [] Owner / Employee [] Agent / Management Company
Signature	Phone	Date
Email of Signatory		

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2027 Property Income and Expense Questionnaire

PARKADE PROPERTY TYPES

Information for year ending December 31, 2025

Please provide your Assessment Account Identifier, as entered on Page 1:

TOTAL ACTUAL RECOVERABLE EXPENSES (CAM)	Area (SF)	Operating Expenses (PSF)	Property Taxes (PSF)
Retail Tenant			
Office Tenants			
Warehouse Tenants			

COMMERCIAL RENTAL INFORMATION (if applicable)

TENANT TYPE	LOCATION		TENANT NAME OR VACANT	LEASE START DATE DD/MM/YYYY	LEASE END DATE DD/MM/YYYY	AREA OCCUPIED (SF)	AREA VACANT (SF)	CONTRACT RENT (PSF)	OVERAGE OR PERCENT RENT (PSF)	EXPENSES INCLUDED IN RENT (PSF)	RECOVERY INCOME / CAM (PSF) COLLECTED		TOTAL CHARGES (PSF)	MARKET RENT (PSF) FOR VACANT SPACE	
	FLOOR	SUITE #									OPERATING EXPENSES	PROPERTY TAX EXPENSE			
OFFICE [O] RETAIL [R] WAREHOUSE (W) STORAGE [S]			Must include all owner occupied space							For step-up or renewal leases indicate rent payable as of relevant year end.	Report for "Gross"/ "Semi-Gross" or "Base Year" leases only			Please provide asking rent on vacant area; if gross rent indicate with an asterisk (*)	
								(A)	(B)			(C)	(D)	(=A + B + C + D)	
DO NOT ENTER IN THIS ROW / PVSC USE ONLY						AREA TOTALS	0	0							

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