Commercial/Industrial Sales Questionnaire

COUNTY # _______ DIST____ MAP_________ GP_____ CMAP____ PARCEL____ PI____ SI____

Buyer_____________________________       Seller_____________________________
Address_____________________________       Seller's Phone #_____________________
                                      Buyer's Phone #_____________________

Date of Sale_____Deed Book_____Page_____ Deed Consideration______or # of Acres________

1.) What is the actual purchase price of this property? ____________________________________

2.) Are buyer and seller related (family, partnership, corp.)?    Yes______ No______

If yes, please explain.______________________________________________________________

3.) Type of Sale:   Auction_____ Realtor_____ Owner_____   if realtor, give name and address
_______________________________________________________________________

4.) Do you anticipate a change in the use of this property?  Yes_____ No_____ 

If yes, please explain._________________________________________________________

5.) Did this purchase involve the exchange or trade of real estate?   Yes_____ No_____ 

If yes, please explain.______________________________________________________________

6.) Did this purchase involve personal property?*    Yes____  No_____ 

If yes, please estimate the value and explain._____________________________________

( The value for nontaxable items such as furniture and fixtures that were included in the selling
price should be removed to determine the value of the real estate only.)

7.) Have any physical changes been made to the property since the sale?   Yes_____ No_____ 

If yes, please describe_____________________________ Approximate Cost $_______________

8.) Was the property leased as of the sale date?   Yes____  No____

If yes, Rental Amount $___________________   Monthly_______ Annually______

9.) Has the property been leased since the sale date?   Yes____  No_____ 

If yes, Rental Amount $___________________ Monthly_______ Annually______

10.)Signature of person completing form: _____________________________________________

Signature of Verifier _________________________  Date___________

Verification of Data by:  Buyer_____  Seller_____  Agent_____

Data Obtained from:       Interview:    Personal_____  Phone_____

Questionnaire mailed____ Date___________

Questionnaire returned____ Date___________

Verification:  Q____  L____  D____  Reason Code_____________________

THIS SPACE

FOR ASSESSOR

Date___________

USE ONLY