



Allen County Commercial Team Annual Hotel/Motel Survey

Assessors Office
1 E Main St, Suite 415
Fort Wayne, IN 46802
phone - (260) 449-7501 - fax (260) 449-4621

Owner: _____
 Mailing Address: _____
 Contact Number: _____
 E-Mail Address: _____
 Name of Preparer: _____
 Hotel/Motel Name: _____
 Property Address: _____
 Parcel Number (s): _____

Which term best describes this property?

Budget: _____
 Limited Service: _____
 Full Service: _____
 Extended Stay: _____

<u>Room Information</u>	<u># Units</u>	<u>Rent/day/unit</u>	<u>Rent/week/unit</u>
Single	_____	_____	\$ _____
Double	_____	_____	\$ _____
King	_____	_____	\$ _____
Suite	_____	_____	\$ _____
Other (List)	_____	_____	\$ _____
Other (List)	_____	_____	\$ _____
Other (List)	_____	_____	\$ _____
Other (List)	_____	_____	\$ _____

Annual Occupancy _____

Annual Average Daily Rate (ADR) \$ _____

Expense Ratio: _____

Number of rooms unable to be occupied: _____

If unable to be occupied, please explain why: _____

Additional Information (any information you feel would be pertinent towards the assessment of this property):

All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete. Contact Person: _____

Management Firm (if applicable) _____
 Address: _____
 Phone: _____
 Date: _____ Signature: _____ Title: _____