



Allen County Hotel/Motel Survey

Allen County Assessor - Stacey O'Day

Rousseau Centre, 1 E Main Street Suite 415

Fort Wayne IN 46802

Ph 260-449-7501 Fax 260-449-3115

ASSESSOR'S OFFICE

Owner: _____

Mailing Address: _____

Contact Number: _____

E-Mail Address: _____

Name of Preparer: _____

Hotel/Motel Name: _____

Property Address: _____

Parcel Number (s): _____

*As part of data submission, please include the last three years (2021-23) of Federal income & expense records

Which term best describes this property? Budget: _____

Limited Service: _____

Full Service: _____

Extended Stay: _____

<u>Room Information:</u>	<u># Units</u>	<u>Average Daily Rate</u>	<u>Average Weekly Rate</u>
1. <u>Single</u>	_____	\$ _____	\$ _____
2. <u>Double</u>	_____	\$ _____	\$ _____
3. <u>King</u>	_____	\$ _____	\$ _____
4. <u>Suite</u>	_____	\$ _____	\$ _____
5. <u>Other (List)</u>	_____	\$ _____	\$ _____
6. <u>Other (List)</u>	_____	\$ _____	\$ _____
7. <u>Other (List)</u>	_____	\$ _____	\$ _____
8. <u>Other (List)</u>	_____	\$ _____	\$ _____

Annual Occupancy Rate: _____

Annual Average Daily Rate: _____

Expense Ratio: _____

of rooms unable to be occupied and why: _____

Additional 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: _____