

# 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 \_\_\_\_\_ Lot Size  
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: \_\_\_\_\_

THIS SPACE  
FOR ASSESSOR  
Date \_\_\_\_\_

USE ONLY

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 \_\_\_\_\_