



JOHN W. HICKENLOOPER
Mayor

CITY AND COUNTY OF DENVER

DEPARTMENT OF REVENUE

ASSESSMENT DIVISION
201 W. COLFAX AVE., DEPT 406
DENVER, COLORADO 80202
PHONE 720-913-4162
FAX: 720-913-4101
www.denvergov.org/assessor

Dear Property Owner:

In order to comply with legal requirements set forth in state law for the reappraisal of property to be implemented in 2005, the Assessment Division is requesting your cooperation as the owner of a commercial property in Denver County. Assessors are bound by state law to consider the income capitalization approach in valuing commercial property. The law establishes June 30, 2004 as the base date of this reappraisal, and specifies that 2003-2004 real estate income and operating expenses be used in determining the value. This request for information is pursuant to C.R.S. §39-5-119, which requires the submission to the Assessor of any information pertinent to the proper valuation of the property. **YOUR COOPERATION IN SUPPLYING THE INFORMATION REQUESTED IS CRITICAL IN ESTABLISHING ACCURATE PROPERTY VALUES.**

The information you furnish is confidential and will be used to gauge prevailing market income and expense levels. It will not be filed with property records or exposed to inspection by the public. Your cooperation in completing this form within 20 days will be greatly appreciated.

If you have any questions about this form, please call 720-913-4061 and ask for a commercial appraiser. For your convenience, a postage-paid return envelope is enclosed.

Sincerely,

John Ragan
Deputy Assessor

A. GENERAL INFORMATION:

1. Name of hotel or motel:
2. Total number of rooms: _____ Rooms actually available for rental:
Manager units:
3. Average daily room rate per occupied room (2003) \$
(2003) Occupancy _____%

Note: A similarly detailed operating statement may be submitted in lieu of completing "B" through "F" on the rear of this form. Please attach to this form if exercising that option.

(Please Continue on Back)

For Office Use Only:

I/E-Hotel

Small, independent operators without a substantially similar accounting breakdown may enter the totals alone for each category - B. through F. If expenses are not broken out between "department" and "undistributed" categories, enter as "undistributed" expenses.

B. REVENUES (2003)

1.	Room Revenue	\$
2.	Food Income	\$
3.	Beverage Income	\$
4.	Telephone Income	\$
5.	Conference Income.....	\$
6.	Health/Fitness Income	\$
7.	Other Income - Source:_____	\$
	TOTAL REVENUES	\$

C. DEPARTMENT EXPENSES (2003)

1.	Room Expense.....	\$
2.	Food Expense	\$
3.	Beverage Expense	\$
4.	Telephone Expense.....	\$
5.	Conference Expense.....	\$
6.	Health/Fitness Expense	\$
7.	Other Expense.....	\$
	TOTAL DEPARTMENT EXPENSES	\$

D. UNDISTRIBUTED EXPENSES (2003)

1.	Administrative and General.....	\$
2.	Franchise Fees	\$
3.	Base Management Fee.....	\$
4.	Incentive Management Fee	\$
5.	Marketing/Advertising	\$
6.	Repair and Maintenance.....	\$
7.	Utilities.....	\$
8.	Insurance.....	\$
9.	Real Estate Property Taxes.....	\$
10.	Other:_____	\$
	TOTAL UNDISTRIBUTED EXPENSES	\$

E. RESERVE FOR REPLACEMENT (2003).....

\$

F. OTHER EXPENSES (2003)

1.	Land Rent_____ OR Rent for Entire Prop._____	\$
2.	Depreciation.....	\$
3.	Mortgage Interest.....	\$
4.	Capital Improvements	\$
	TOTAL OTHER EXPENSES	\$

Signature of Owner, Manager or Agent

Date

Telephone Number

Print Name of Owner, Manager or Agent