



**Fresno County
Assessor's Office**
Paul Dictos, Assessor

Real Property Division
P.O. Box 1146
Fresno, CA 93715
assessor.co.fresno.ca.us
(559) 600-3534 Option #1

**Request for Informal Assessment Review
Commercial (Lodging) Properties**

Parcel Number(s): _____

Property Address: _____

IMPORTANT Please submit this form (and/or additional supporting documentation) by May 1st.
For additional information call (559) 600-3534 Option #1, weekdays between 9 A.M. and 4 P.M.

MAIL: Fresno County Assessor's Office, Attn: Commercial Division, P.O. Box 1146, Fresno, CA 93715
FAX: (559) 600-1480
E-MAIL: rp.commercial@fresnocountyca.gov

Note: In lieu of completing any portion of this form, you may attach the following:

- Current year pro-forma or budget
- 2 years historical income and expense statements

INCOME
(Include all sources of revenues)

Revenue Source	For Current Year:			Total Revenues		Comments	Rates	
	Rooms	Rm Nights	Occupancy %	Actual	Budget		ADR	REVPAR
Rooms				\$	\$		\$	\$
Food				\$	\$			
Beverage				\$	\$			
				\$	\$			
				\$	\$			

Revenue Source	For Last Year:			Total Revenues		Comments	Rates	
	Rooms	Rm Nights	Occupancy %	Actual	Budget		ADR	REVPAR
Rooms				\$	\$		\$	\$
Food				\$	\$			
Beverage				\$	\$			
				\$	\$			
				\$	\$			

Revenue Source	For 2 Years Ago:			Total Revenues		Comments	Rates	
	Rooms	Rm Nights	Occupancy %	Actual	Budget		ADR	REVPAR
Rooms				\$	\$		\$	\$
Food				\$	\$			
Beverage				\$	\$			
				\$	\$			
				\$	\$			

PLEASE COMPLETE BACK OF STATEMENT

EXPENSES

Annual Expenses Paid for by the Owner Last 2 Years Plus Current Year Pro-Forma or Budget

	Current Year	Last Year	2 Years Ago
Departmental			
Rooms			
Food			
Beverage			
Other:			
Other:			
Undistributed			
Administrative (G&A)			
General Marketing			
Franchise/Royalty Fees			
Property Operations			
Utility Costs			
Property Mgmt Fees			
Other:			
Other:			
Fixed Charges			
Insurance			
Reserve for Replacements			
Other:			
Other:			
TOTAL EXPENSES			

Comments on Expenses

See attached Summary of Operations, Budget Variance Report, Profit & Loss Statement and/or Pro Forma.

REMARKS:

I certify (or declare) that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

SIGNATURE OF OWNER OR AGENT

DATE

DAYTIME PHONE NUMBER

PRINT NAME

E-MAIL ADDRESS