

## Seller Property Information Addendum

Please complete all information that applies to your property.

Property Address: \_\_\_\_\_

Total Taxes \$ \_\_\_\_\_ Basic Star Savings \$ \_\_\_\_\_

School \$ \_\_\_\_\_

County \$ \_\_\_\_\_

Town or Village \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Combined Property Tax Rate: \$ \_\_\_\_\_ per \_\_\_\_\_

Current Assessment: \_\_\_\_\_

Current Approved Use: \_\_\_\_\_

Current Assessment Exemptions: \_\_\_\_\_

Special Bonding, Surcharges or Usage Fees: \_\_\_\_\_

Current Zoning: \_\_\_\_\_

Permitted Uses: \_\_\_\_\_

Transferable Use \_\_\_\_\_ Yes \_\_\_\_\_ No

License or Special Permit Required: \_\_\_\_\_

Number of Approved Parking Spaces: \_\_\_\_\_

Name of Subdivision: \_\_\_\_\_

Deed Restrictions: \_\_\_\_\_ Yes \_\_\_\_\_ No ( Attach Copy of Any Restrictions)

\_\_\_\_\_ Public Sewer \_\_\_\_\_ Septic System Other \_\_\_\_\_

\_\_\_\_\_ Public Water \_\_\_\_\_ Private Well Other \_\_\_\_\_

Has the property or site been tested? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Inspection Company \_\_\_\_\_

Date of Inspections \_\_\_\_\_

Type of Tests Performed? \_\_\_\_\_

Utilities Available:	Approximate Monthly Budget	Name of Current Service Provider / Phone #:
_____ Electric	\$ _____	_____
_____ Oil	\$ _____	_____
_____ Propane	\$ _____	_____
_____ Natural Gas	\$ _____	_____
_____ Sewer & Water	\$ _____	_____

_____	Cable TV	\$ _____	_____
_____	Security	\$ _____	_____
_____	Internet Wired	\$ _____	_____
_____	Garbage	\$ _____	_____
_____	Other	\$ _____	_____

Other useful information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

_____	Seller	_____	Date
_____	Seller	_____	Date
_____	Buyer	_____	Date
_____	Buyer	_____	Date

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