



Annual Hotel/Motel Survey

Harrison Township Assessor

167 Oak St, Terre Haute, IN 47807
 Phone (812) 462-3271 Fax (812) 462-3273
 PRIVILEGED and CONFIDENTIAL

Owner: _____

Mailing Address: _____

Contact Number: _____

E-Mail Address: _____

Name of Preparer: _____

Hotel/Motel Name: _____

Property Address: _____

Parcel Number (s): _____

Which term best describes this property?

Budget: _____

Limited Service: _____

Full Service: _____

Extended Stay: _____

Room Information	# Units	Rent/day/unit	Rent/week/unit
Single	_____	_____	\$ _____
Double	_____	_____	\$ _____
King	_____	_____	\$ _____
Suite	_____	_____	\$ _____
Other (List)	_____	_____	\$ _____
Other (List)	_____	_____	\$ _____
Other (List)	_____	_____	\$ _____
Other (List)	_____	_____	\$ _____

Annual Occupancy _____

Annual Average Daily Rate (ADR) \$ _____

Expense Ratio: _____

Number of rooms unable to be occupied: _____

If unable to be occupied, please explain why: _____

Additional Information (any 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: _____