



## LAND VALUATION DEPARTMENT

P.O. Box HM 1384  
Hamilton HM FX  
Bermuda  
[www.landvaluation.bm](http://www.landvaluation.bm)

2<sup>nd</sup> Floor, Global House  
43 Church Street  
Hamilton HM12  
(441) 297-7964

1<sup>st</sup> October 2019

Dear Sir/Madam,

### **2020 REVALUATION THE LAND VALUATION & TAX ACT 1967**

Under the provisions of the above Act, a new Valuation List has to be prepared to take account of changes in rental levels since the current 2015 Valuation List was last compiled. It is therefore necessary to obtain information about your property in order to prepare the new Valuation List. The Annual Rental Values appearing in the new Valuation List will be based on rental levels around 1<sup>st</sup> July, 2019. The new Valuation List will be published on 31<sup>st</sup> December, 2020 and will replace the current Valuation List for land tax purposes.

You are required by law to complete and return the form overleaf to me within **21 days** from the date of receipt and I enclose a pre-paid envelope for this purpose. All information will be treated as **confidential** and will only be used for the purposes of the revaluation. Failure to complete and return the form, or submitting false information, is an offence under the Act and is punishable by a fine and/or imprisonment.

For more information on the 2020 Revaluation, including guidance on completing the form overleaf, please visit our website [www.landvaluation.bm](http://www.landvaluation.bm). Additionally, you can also contact the Land Valuation Department on 297-7964 for assistance.

Yours faithfully,

*Diane Elliott*

Diane Elliott  
Director of Land Valuation  
Ministry of Public Works

#### **Note**

- Should your billing address or billing name above be incorrect, please call the Tax Commissioner's Office on 298-6351 or 297-7743 to have it corrected. You should still complete and return the form overleaf in the pre-paid envelope provided.
- Should you no longer be the taxpayer, please contact the Tax Commissioner's Office on 298-6351 or 297-7743. Kindly also cross through your name and address above, indicating the new owner's name and return the form in the pre-paid envelope provided.

**Assessment Number**

Address of Condominium

[Empty box for Address of Condominium]

Assessment Number

[Empty box for Assessment Number]

Carefully read over the below questions and follow the instructions to correctly complete the form in respect of the above condominium unit.

<p><b>1. Occupation - Please tick <u>one</u> box specifying whether this unit is:</b></p> <p>a) Owner-occupied <input type="checkbox"/></p> <p>b) Occupied/Rented by a relative/employee <input type="checkbox"/></p> <p>c) Rented <input type="checkbox"/></p> <p>d) Vacant <input type="checkbox"/></p> <p><b>PROCEED TO QUESTION 2</b> ➡</p>	<p><b>2. Indicate:</b></p> <p>a) No. of Bedrooms <input type="text"/> Bathrooms <input type="text"/></p> <p>b) If <u>vacant</u> and available for rent, the current asking rent is \$_____ per month</p>
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➤ If you ticked **c) Rented** in Question 1, please proceed to Question 3.  
 ➤ Otherwise, you need only to complete the **Declaration** at the end.

<p><b>3. Trust Information:</b></p> <p>a) Is the condominium held in Trust? <input type="checkbox"/></p> <p>b) If Yes, is the tenant a settlor of the Trust, beneficiary or related to the same, or in any way connected to the Trust? <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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➤ If you ticked Yes to **both** parts a) and b) in Question 3, you need only complete the **Declaration** at the end.  
 ➤ Otherwise, please proceed and complete **Questions 4 – 7** and the **Declaration** at the end.

<p><b>4. Rent Details - Please state:</b></p> <p>a) the current rent paid by the tenant.</p> <p>b) the date when the current rent was first payable.</p> <p>c) the date the tenant first occupied this unit.</p> <p>d) length of the tenant's lease and the date it commenced.</p> <p>e) any lump sum, other than the deposit, made by the tenant at the start of the lease.</p> <p>f) whether this unit was rented to the tenant through a real estate agent and if so, state Company name.</p> <p>g) the monthly or quarterly maintenance fee.</p> <p>h) if the rent was approved/set by the Rent Commissioner.</p> <p>i) the rent paid prior to the current rent (if known).</p> <p>j) the date when the prior rent was first payable (if known).</p>	<p>\$_____ per month</p> <p><input type="text"/> MM / YYYY</p> <p><input type="text"/> MM / YYYY</p> <p>_____ years <input type="text"/> MM / YYYY</p> <p>\$_____</p> <p>Yes <input type="checkbox"/> Company _____ No <input type="checkbox"/></p> <p>\$_____ per month or \$_____ per quarter</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p>\$_____ per month Don't Know <input type="checkbox"/></p> <p><input type="text"/> MM / YYYY Don't Know <input type="checkbox"/></p>
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<p><b>5. Responsibilities:</b> Is the Landlord or Tenant responsible for the following:</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Landlord</td> <td style="text-align: center;">Tenant</td> </tr> <tr> <td>Land Tax</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Maintenance Fee</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Landlord	Tenant	Land Tax	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance Fee	<input type="checkbox"/>	<input type="checkbox"/>
	Landlord	Tenant								
Land Tax	<input type="checkbox"/>	<input type="checkbox"/>								
Maintenance Fee	<input type="checkbox"/>	<input type="checkbox"/>								

<p><b>6. Furnishings:</b> Does the tenant's rent include the following:</p>	<table border="0"> <tr> <td>Appliances Only</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Furniture (full)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Furniture (partial)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Appliances Only	<input type="checkbox"/>	Furniture (full)	<input type="checkbox"/>	Furniture (partial)	<input type="checkbox"/>
Appliances Only	<input type="checkbox"/>						
Furniture (full)	<input type="checkbox"/>						
Furniture (partial)	<input type="checkbox"/>						

<p><b>7. Services:</b> Indicate any additional services included in the tenant's rent, other than those covered by the maintenance fee.</p>	<table border="0"> <tr> <td>Electricity</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Maid/Cleaning</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Cable TV</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Internet/Wi-Fi</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Other _____</td> </tr> </table>	Electricity	<input type="checkbox"/>	Maid/Cleaning	<input type="checkbox"/>	Cable TV	<input type="checkbox"/>	Internet/Wi-Fi	<input type="checkbox"/>	Other _____			
Electricity	<input type="checkbox"/>	Maid/Cleaning	<input type="checkbox"/>										
Cable TV	<input type="checkbox"/>	Internet/Wi-Fi	<input type="checkbox"/>										
Other _____													

Thank you for completing. Please sign the Declaration below and return the form in the pre-paid envelope.

**DECLARATION**

It is an offence to submit false information and such offence is punishable by a fine and/or imprisonment.

I declare the above particulars are true as owner / tenant / agent / trustee (please circle as appropriate)

Signed \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Print name \_\_\_\_\_

Email address \_\_\_\_\_

Daytime phone #(s) \_\_\_\_\_