



GOVERNMENT OF BERMUDA
Ministry of Public Works

Land Valuation Department

Tel. 441-297-7964

Contact Ms. Rachel Hall on rjhall@gov.bm

**Request for New Residential
Assessment Number - Check List**



Prior to the issuance of a new assessment number, various information is required by the Department

Property Address: _____

- | | |
|--|---|
| <p>1. Is there a building permit for the works? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide the permit # B _____</p> <p>2. Does the unit have a kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No
(fridge, stove, sink)</p> <p>3. Does the unit have a bathroom? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Does the unit have a sleeping area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are there any internal connecting doors with any other unit?
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Is the unit currently rented? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>7. Is the unit intended to be rented? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. What is the current rent or asking rent?
\$ _____ Per Calendar Month</p> <p>9. What is the period of the rental agreement? (Days/Months/Years)
_____</p> <p>10. Who is the unit rented to? (Domestic/Airbnb style etc.)
_____</p> <p>11. If the unit is rented, please provide documentation to support the above. (E.g. copy of the stamped lease agreement etc.):</p> |
|--|---|

Please provide additional information regarding commencement dates, term details, internal photos etc.: _____

Signed _____ Date _____ Contact Details (Tel & Email) _____

