# INCOME AND EXPENSE QUESTIONNAIRE – CITY OF BATH, ME MARINAS FOR 12 MONITHS ENDING DECEMBER 21, 2024

### FOR 12 MONTHS ENDING DECEMBER 31, 2024

Form M

Return within 30 days to:
Assessor's Office
City of Bath
55 Front Street
Bath, ME 04530

Parcel Location:								
Parcel Map and L	ot:							
		SECTION I:	GENERAL	DATA				
1. Please check w	which of the following	ng <u>BEST</u> <u>DESC</u>	RIBES you	ır mar	ina opera	ation:		
Marina	Docke	ominium/Cooperat	tive					
Dry Land Marina	Mixed	Use						
Boatyard	Winter	r storage						
Marina/Boatyard	Other	:						
Yacht Club								
Park/Public Moorage	:							
_	a schedule of seaso		n rates for	all faci	ilities.			
3. In water facilit			n rates for	all faci	lities.			
3. In water facilit  Type of Spaces:	ies – Please fill in al	ll that apply:	n rates for	all faci	llities.			
_	ies – Please fill in al	ll that apply:	n rates for	all faci	ilities.			
3. In water facilit  Type of Spaces:  Open	ies – Please fill in al	ll that apply:	n rates for	all faci	ilities.			
3. In water facilit  Type of Spaces:  Open  Covered	ies – Please fill in al Number of Slips:	ll that apply:	n rates for	all fac	ilities.			
3. In water facilit Type of Spaces: Open Covered Enclosed Total	ies – Please fill in al Number of Slips:	Season Rate:				es-Please	e check all t	hat appl
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3. In water facilit Type of Spaces: Open Covered Enclosed Total 4. Available utilit Electricity 110 V Electricity 220V	ies – Please fill in al Number of Slips:	Season Rate:	5. La	unchin		es-Please	check all	that appl
3. In water facilit Type of Spaces: Open Covered Enclosed Total 4. Available utilit Electricity 110 V Electricity 220V Water	ies – Please fill in al Number of Slips:	Season Rate:	5. Lan Crane Forklift Hydrau	unchin	g faciliti	es-Please	check all	that appl
3. In water facilit Type of Spaces: Open Covered Enclosed Total 4. Available utilit Electricity 110 V Electricity 220V	ies – Please fill in al Number of Slips:	Season Rate:	5. Lau Crane Forklift	unchin	g faciliti	es-Please	check all	that appl
3. In water facilit Type of Spaces: Open Covered Enclosed Total 4. Available utilit Electricity 110 V Electricity 220V Water	ies – Please fill in al Number of Slips:  ies - Please check a	Season Rate:	5. Lan Crane Forklift Hydrau Travel 1	unchin ic Traile	<b>g faciliti</b> er Well	es-Please	check all	that appl

#### 6. Dry land facilities-Please check or complete all that apply:

		Boat/Auto					
Dockside Services:	Chk	Storage:	#	Additional Facilities:	Chk	Additional Facilities:	Chk
Office		Drystack		Overnight Dockage		Rental/Charter Svc.	
Fuel Facilities		Other Indoor		Retail Store		Laundry	
Engine Repair		Outdoor		Restaurant		Showers	
Fiberglass Repair		Auto Spaces		Apartments		Restrooms	

#### SECTION II: INCOME FROM ACTUAL SLIPS

Are slip renta	ıls available fo	or terms shorter	than the season?	□ MONTH □	DAY DO
Total numbe	r of slips in 20	024:	Total number of	slips available for t	ransient rental:
Total numbe	r of slips occu	upied at any time	e in 2024:	_ Total number of	unused slips:
SLIP DESCRI	PTIONS. If m	ore space is needed,	please copy this shee	t or include a separate	report.
SLIP LENGTH	SLIP WIDTH	# OF SLIPS OF THIS SIZE	RENTAL RATE	RENTAL BASIS	RENTAL TERM
				□ \$/LF	☐ SEASON
				□ \$/UNIT	☐ TRANSIENT
				□ \$/LF	☐ SEASON
				□ \$/UNIT	☐ TRANSIENT
				□ \$/LF	☐ SEASON
				□ \$/UNIT	☐ TRANSIENT
				□ \$/LF	☐ SEASON
				□ \$/UNIT	☐ TRANSIENT
				□ \$/LF	☐ SEASON
				□ \$/UNIT	☐ TRANSIENT
				□ \$/LF	☐ SEASON
				□ \$/UNIT	☐ TRANSIENT

#### SECTION III: PRODUCT AND SERVICES INCOME FOR CALENDAR YEAR 2024

Type of Income	2024 Annual Income	Comments
Slips/Mooring rented for the season	\$	
Slips/Mooring available for transients:	\$	
Storage/Hauling	\$	
Launch Service:	\$	
Repair Service:	\$	
Fuel/Oil Sales:	\$	
Retail sales:	\$	
Food service:	\$	
Apartment/Lodging Income:	\$	
Utility Charges:	\$	
Other:	\$	
Total Annual Income:	\$	

## SECTION IV: EXPENSES FOR MARINA OPERATION FOR CALENDAR YEAR 2024 If entering "Other," please describe.

Expense Type	Amount	Expense Type	Amount
1. Management Fee	\$	19. Maintenance Wages	\$
2. Legal/Accounting	\$	20. Maintenance Contract Fee	\$
3. Security	\$	21. Maintenance Supplies	\$
4. Payroll	\$	22. Maintenance Groundskeeping	\$
5. Group Insurance	\$	23. Maintenance Trash Removal	\$
6. Telephone	\$	24. Maintenance Snow Removal	\$
7. Advertising	\$	25. Maintenance Exterminator	\$
8. Commissions	\$	26. Maintenance Elevator	\$
9. Repairs Exterior	\$	27. Insurance (1 Year Premium)	\$
10. Repairs Interior	\$	28. Reserves for Replacement	\$
11. Repairs Mechanical	\$	29. Travel	\$
12. Repairs Electrical	\$	30. Other	_ \$
13. Repairs Plumbing	\$	31. Other	_ \$
14. Utilities Gas/Propane	\$	32. Other	_ \$
15. Utilities Oil	\$	33. TOTAL (Add 1 through 32)	\$
16. Utilities Electricity	\$	34. Real Estate Taxes	\$
17. Utilities Water	\$		
18. Utilities Sewer	\$		
	n this form is confi	V: CONFIDENTIALITY AND SIGNATURE dential and proprietary information under A	
_		perjury that the information supplied he	
Name:		Title	

Date \_\_\_\_\_

Phone:\_\_\_\_\_