



Ashburnham Board of Assessors Residential Property Questionnaire

Name _____

Property Address: _____

Our office requires information about the interior of your home. Please complete the form and return it to our office at your earliest convenience. Exterior information will be verified by field inspection. Some data changes require an interior inspection.

1. Enter the number of rooms of each type found in your home for each floor, the number and type of fireplace (gas/wood), and year of updates if performed, if original leave blank.

Type of Room	Basement	Floor 1	Floor 2	Floor 3	Fireplace(s)	Year of Update
Bedrooms						
Full Bathrooms						
Half Bathrooms (no tub or shower)						
Kitchens						
Living Rooms						
Dining Rooms						
Family Rooms						
Studies/Dens						
Utility Rooms/Mud Rooms						
Lofts						
Unfinished Walk-up Attics(not pulldown)						
Finished Walk-up Attics						
Recreation Rooms						
Workshops						
Other (specify) _____						

2. If you have a finished basement please provide additional detail:

Approximate percentage of total basement area that is finished _____%

Type of finish (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Sheet rocked/plaster walls | <input type="checkbox"/> Panel walls |
| <input type="checkbox"/> Sheet rocked/plaster ceilings | <input type="checkbox"/> Ceiling tiles |
| <input type="checkbox"/> Finished basement is heated | |

Type of floor covering: _____

3. For the **MAIN (above ground level)** living areas mark all that apply.

Floor Coverings: (specify) _____

Central Air Conditioning: Yes No

Type of heating system

- | | |
|----------------------------|-------|
| Hot water baseboard | _____ |
| Forced air | _____ |
| Radiator/steam | _____ |
| Wall furnace | _____ |
| Electric baseboard/radiant | _____ |
| Solar – passive | _____ |
| Radiant floor heat | _____ |
| Other (specify) _____ | _____ |
| No conventional heat | _____ |

Heating system fuel type

- | | |
|-------------|-------|
| Oil | _____ |
| Natural gas | _____ |
| Propane gas | _____ |
| Electric | _____ |
| Coal | _____ |
| Wood | _____ |
| Solar | _____ |
| None | _____ |

Other Comments/Amenities: _____

Owner's Signature(s) _____ Date _____

Telephone #: _____