REAL PROPERTY SURVEY (Instructions on Reverse)						
SECTION I						
Unit Name:					Charter #:	
SECTION II					1	
My unit does not own, occupy or use Real Property.						
Unit Commander's Name, Grade & Date:						
SECTION III						
My unit does own, occupy and/or lease property.						
Location of Property:						
Description of Property.						
☐ Aircraft Tie Down:						
☐ Land:						
☐ Hangar:						
☐ Building:						
Ownership:						
☐ CAP Corporation		Acquired (Date):			☐ Gift	☐ Purchased
Other:		Payments \$			☐ Month	☐ Year
Name and Address of Owner:				Instrument:  License Lease Rental Agreement Letter Agreement Verbal Agreement		
Usage:						
☐ Meeting ☐ Storage				☐ Unused		
Other (Explain):						
I certify the information in Section III is complete and accurate as of this date.						
Unit Commander's Name, Grade & Date:						

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## **REAL PROPERTY SURVEY INSTRUCTIONS**

Note: The term "Unit" is generic and includes all CAP organizational elements.

## **SECTION I**

Completed by each Unit.

## **SECTION II**

Complete if unit named in SECTION I does NOT own, occupy or use real property.

## **SECTION III**

Location of Property:

Provide address of property or, if no address, physical location, i.e., Enid Municipal Airport.

Only one location per survey.

• Description of Property:

Check and complete all that apply.

For example, if a unit leases administrative space, part of a hangar and five outside tie down locations from the same owner at the same location, the administrative space and hangar are described under BUILDINGS and the tie downs are described under LAND.

Note: Prefabricated, modular or manufactured homes are included. Immobile trailers will be managed under supplies/equipment module in Organizational Resource Management System.

Ownership:

Select the one that applies and complete the information for it. (Note: Owner is the person or entity whose name appears on the lease/license/agreement.)

Only one owner per survey.

Fair Market Value as of date of donation or purchase.

Fair Rental Value is monthly cost at time of submission.

Insurance Coverage:

Check as appropriate.

Describe coverage to include dollar value, deductible and other limitations.

Usage:

Check as many as apply.