

CITY OF CALAIS PERSONAL PROPERTY REPORTING FORM

NAME: _____
 ADDRESS: _____

LOCATION OF PROPERTY

THIS FORM SHOULD BE COMPLETES AS OF APRIL 1, 2018 AND RETURNED BY MAY 1, 2018

ORIGINAL COSTS AND YEAR OF ACQUISITION

ITEM	MODEL/DESCRIPTION	YEAR	AGE	ORIGINAL PRICE	CONDITION

LEASED EQUIPMENT

NAME & ADDRESS OF OWNER	TYPE OF EQUIPMENT	ORIGINAL COST	DATE ACQUIRED	LEASE TERMS	MONTHLY RENT

THE ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

FAILURE TO SUBMIT THE REQUESTED INFORMATION
 WILL RESULT IN THE LOSS OF ALL RIGHTS TO APPEAL
 THE ASSESSMENT. (TITLE 36,MRSA 706)

SIGNED: _____
 TITLE: _____
 PHONE: _____
 EMAIL: _____

IF MORE SPACE IS NEEDED, ATTACH COMPLETED LIST ON A SEPARATE SHEET OF PAPER.