



TOWN OF FALMOUTH, MAINE
ASSESSOR'S OFFICE
271 FALMOUTH ROAD, FALMOUTH, ME 04105
Telephone (207) 781-5253 Fax (207) 781-8677

This schedule must be presented to the assessor's office on or before April 17, 2014.

ACCT # _____

Please note any changes of address here:

Name _____

Company _____

Address _____

PERSONAL PROPERTY SCHEDULE FORM

NOTICE: This schedule form is required under Maine State Statute Title 36 §601 and §706 (copy enclosed). **By law, failure to return this form voids your right to appeal.**

GENERAL INSTRUCTIONS

NEW TAXPAYERS must submit a complete list of all Business Personal Property used in the operation of the business as of **APRIL 1st**. Please complete, sign and date the reverse side of form or ***attach your itemized list*** and return both to this office on or before **April 17, 2014**.

PREVIOUSLY ASSESSED TAXPAYERS must update their list of all **ADDITIONS and/or DELETIONS** to the prior year's listing (see reverse side of this form). Please complete, sign and date the reverse side of this form. Attach additional sheets if necessary.

IF THERE HAVE BEEN NO CHANGES (no additions and/or deletions) in the past year, please check here sign and date the reverse side of this form.

IF YOU MOVED, SOLD, OR CLOSED YOUR BUSINESS PRIOR TO APRIL 1ST, please indicate the date such action occurred to include any pertinent information using the space below. Please be sure to sign and date the reverse side of this form.

Date Moved: _____ **New Address:** _____

Date Sold: _____ **New Owner:** _____

Mailing Address: _____

Date Closed: _____

Please return form and attached lists to: Falmouth Assessor's Office, Falmouth Town Hall
271 Falmouth Rd., Falmouth, ME 04105

NEW/ADDITIONS (Attach additional sheets if necessary)

QTY	DESCRIPTION OF ITEM & MODEL/SERIAL #	DATE PLACED IN SERVICE (MONTH/YEAR)	COST EACH (NEW/USED)	TOTAL COST (NEW/USED)

DELETIONS (Attach additional sheets if necessary)

QTY	DESCRIPTION OF ITEM & MODEL/SERIAL #	DATE PLACE IN SERVICE (MONTH/YEAR)	COST EACH (NEW/USED)	TOTAL COST (NEW/USED)

LEASED EQUIPMENT (Attach additional sheets if necessary)

Lessor Name: _____
 Address: _____
 Telephone #: _____ Account #: _____
 Contact Name: _____

DESCRIPTION OF ITEM & MODEL/SERIAL #	DATE ACQUIRED	ORIGINAL COST	MONTHLY PAYMENT	LEASE DATES		LEASE PURCHASE (YES OR NO)
				FROM	TO	
		\$	\$			

Having completed the above, I hereby certify that the information reported hereon is true and correct to the best of my knowledge and belief.

BUSINESS NAME: _____ PHONE NUMBER: _____

BUSINESS OWNER'S NAME: _____ CONTACT PERSON: _____

TYPE OF BUSINESS: _____ FAX NUMBER: _____

LOCATION OF PROPERTY: _____ EMAIL AND/OR WEBSITE: _____

BUILDING OR BUSINESS SPACE SQUARE FOOTAGE: _____

Is the Real Estate owned by this business? Yes No If yes, are there any tenants? Yes No
 If yes, please provide a list of the current tenants.

PRINT NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: _____