



Town of Raymond

PERSONAL PROPERTY DECLARATION FORM

This schedule must be filed by all businesses with equipment located in this municipality according to Maine Statute, Title 36 §§ 601 and 706. Schedules are due in the Assessor's office on or before May 1, 2015.
Taxpayers who do not comply will, by law, lose their right to appeal their assessed valuation.

Owner's Name: _____	Date: _____
Owner's Address: _____	Phone#: _____
Business Name: _____	Phone#: _____
Business Address: _____	Contact: _____

Check one box and proceed as instructed.

- NEW BUSINESSES:** If you started your business after April 1, 2014, then submit a complete list of all equipment, furniture and fixtures used in the operation of the business as of April 1, 2015 using the following format. (A separate list may be attached provided it contains the information requested in table A)

Table A

HOW MANY	ITEM DESCRIPTION (MAKE, MODEL, ETC)	ITEM TYPE	DATE PURCHASED	NEW USED	AGE	PURCHASE COST

- EXISTING BUSINESSES:** If you submitted a complete list last year (2014), then report any additions or deletions to the original list, using the reverse side. If you did not submit a complete list last year than check this box and provide a new, complete list of all equipment, furniture and fixtures used in the operation of the business as of April 1, 2015 using the format provided in table A.
- NO CHANGES:** Check this box only if you submitted a complete list last year (2014) and no additions or deletions have occurred since April 1, 2013. If you did not submit a complete list last year (2014) then provide a complete list using the format provided in table A.
- MOVED OR OUT OF BUSINESS ON OR BEFORE APRIL 1, 2015:** Indicate effective date here _____.

I hereby certify that the information submitted is true and to the best of my knowledge.

SIGNATURE _____ DATE _____

TITLE _____

EXISTING BUSINESSES: If you submitted a complete listing last year, then please add any new equipment or delete those items no longer located at the business. Please contact the Assessor's office for a copy of last year's list if needed.

ADDITIONS:

HOW MANY	ITEM DESCRIPTION (MAKE, MODEL, ETC)	ITEM TYPE	DATE PURCHASED	NEW USED	AGE	PURCHASE COST

DELETIONS:

HOW MANY	ITEM DESCRIPTION (MAKE, MODEL, ETC)	ITEM TYPE	DATE PURCHASED	NEW USED	AGE	PURCHASE COST

LEASED EQUIPMENT: Please list any equipment that you currently lease. If you have an agreement with the lessor to assume responsibility for the tax payment, please enclose a copy of that agreement.

ITEM DESCRIPTION (MAKE, MODEL, ETC)	LEASED FROM	MAILING ADDRESS	Age of item

PLEASE NOTE:

If your submission is found to be incomplete, then an estimated value will be assessed for tax purposes. If no list is submitted, your right to appeal the assessed value will be barred. Please contact the Assessor's office if you have any questions.