

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

This schedule must be presented to the assessor's office on or before April 5, 2012.

ACCT # _____

If different fill in correct information:

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, taxpayers who do not apply will lose their right to appeal.**

GENERAL INSTRUCTIONS

NEW OR FIRST TIME TAXPAYERS must submit a complete list of all Business Personal Property used in the operation of the business as of **APRIL 1st**, using the following as a guide. Please sign and date the reverse side of form, **attach your itemized list** and return both to this office on or before **April 5, 2012**.

QTY	DESCRIPTION OF THE EQUIPMENT	MODEL # & SERIAL #	YEAR ACQUIRED	COST (NEW/USED)

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 sign and date the form where indicated. 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 HAVE MOVED OR CLOSED YOUR BUSINESS PRIOR TO APRIL 1st, please check here _____, sign and date the reverse side of this form. If you have moved, please include new address: _____

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

ADDITIONS (*Attach additional sheets if necessary*)

QTY	DESCRIPTION	MODEL # SERIAL #	YEAR ACQUIRED	COST (NEW/USED)

DELETIONS (*Attach additional sheets if necessary*)

QTY	DESCRIPTION	MODEL # SERIAL #	YEAR ACQUIRED	TOTAL COST (NEW/USED)

LEASED EQUIPMENT (*Attach additional sheets if necessary*)

LEASED FROM	ADDRESS TELEPHONE #	CUSTOMER/ ACCOUNT #	AGE OF EQUIPT.	DESCRIPTION MODEL #

PRINT NAME _____ SIGNATURE _____

TITLE _____ DATE _____

TELEPHONE # _____ FAX # _____

EMAIL _____