

**TOWN OF WISCASSET
PERSONAL PROPERTY REPORTING FORM**

NAME OF BUSINESS: _____

LOCATION OF BUSINESS: _____

NAME OF OWNER: _____

ADDRESS FOR BILLING: _____

1. Machinery and Equipment (not excised):

Type(Skidder,etc.)	Make	Year	Serial No.	Est. Current Market Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Furniture & Fixtures:

Item	Count	Description	Age	Orig. Cost	Est. Mkt. Val.
Furniture & Fixtures	_____	_____	_____	_____	_____
Computer Equipment	_____	_____	_____	_____	_____
Equipment	_____	_____	_____	_____	_____
Machinery	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Total				_____	_____

3. Schedule of Leased Equipment. Attach a list of the leased equipment of which you are in possession identifying the type of equipment, the date acquired, the owner of the equipment, and the address of that owner.

I CERTIFY THE ABOVE STATEMENT MADE BY ME IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, FULL, TRUE AND CORRECT.

Date: _____

Signed: _____

Telephone: _____

Fax: _____

PLEASE RETURN TO:

Tax Assessor
Town of Wiscasset
51 Bath Road
Wiscasset, ME 04578
207-882-8200 207-882-8228 (fax)

Use reverse side if more space is needed.