

FAILURE TO RETURN THIS FORM  
VOIDS YOUR RIGHT OF APPEAL

**CITY OF ROCKLAND**  
**ASSESSING DEPARTMENT**  
 PHONE: (207) 594-0303 FAX: (207) 594-9481  
**PERSONAL PROPERTY DECLARATION**  
**YEAR \_\_\_\_\_**

PROPERTY OWNED ON OR BEFORE  
APRIL 1<sup>ST</sup> MUST BE REPORTED BY  
APRIL 15<sup>TH</sup>.



<b>BUSINESS OWNER'S NAME(S):</b>	<b>BRIEF DESCRIPTION OF BUSINESS ACTIVITY:</b>
<b>NAME OF BUSINESS (DBA):</b>	<b>TYPE OF OWNERSHIP:</b>  MAINE CORPORATION                      FOREIGN CORPORATION  PARTNERSHIP  OTHER (LIST) _____
<b>BUSINESS LOCATION:</b>	
<b>BUSINESS MAILING ADDRESS:</b>	
<b>TELEPHONE #:</b> <b>FAX #:</b>	<b>IF CORPORATION, ENTER CORPORATE ADDRESS:</b>
<b>EMAIL ADDRESS:</b>	

STATE OF MAINE PROPERTY TAXATION: TITLE 36  
 Sec. 601-Personal Property; Defined: Personal Property for the purposes of taxation includes all tangible goods and chattels wheresoever they are...  
 Sec. 706-Taxpayers To List Property, Notice, Penalty, Verification: Before making an assessment, the assessor...may give seasonal notice in writing to all persons liable to taxation in the municipality...to furnish to the assessor...true and perfect lists of all their estates, not by law exempt from taxation, of which they were possessed on the first day of April of the same year. The assessor...may require the person furnishing the list to make oath to its truth... and may require him to answer in writing all proper inquiries as to the nature, situation and value of his property liable to be taxed in the State; and a refusal or neglect to answer such inquiries and subscribe the same bars an appeal, but the list and answers shall not be conclusive upon the assessor.

**SECTION 1 - FURNITURE AND FIXTURES, LEASEHOLD IMPROVEMENTS, AND SIGNS: (Lump Sum Totals Not Accepted)**

DESCRIPTION OF ITEM	DATE PURCHASED	YEAR PLACED IN SERVICE	QUANTITY	TOTAL COST

(ATTACH ADDITIONAL SHEETS, IF NECESSARY, AND IDENTIFY AS "FURNITURE AND FIXTURES, ETC.")

**SECTION 2 - MACHINERY AND EQUIPMENT: (Lump Sum Totals Not Accepted)**

DESCRIPTION OF ITEM	DATE PURCHASED	YEAR PLACED IN SERVICE	QUANTITY	TOTAL COST

(ATTACH ADDITIONAL SHEETS, IF NECESSARY, AND IDENTIFY AS "MACHINERY AND EQUIPMENT")

**SECTION 3 - COMPUTER EQUIPMENT: (Lump Sum Totals Not Accepted)**

DESCRIPTION OF ITEM	DATE PURCHASED	YEAR PLACED IN SERVICE	QUANTITY	TOTAL COST

(ATTACH ADDITIONAL SHEETS, IF NECESSARY, AND IDENTIFY AS "COMPUTER EQUIPMENT")

**SECTION 4 ALL OTHER PERSONAL PROPERTY NOT INCLUDED IN SECTIONS 1, 2, OR 3: (Lump Sum Totals Not Accepted)**

DESCRIPTION OF ITEM	DATE PURCHASED	YEAR PLACED IN SERVICE	QUANTITY	TOTAL COST

(ATTACH ADDITIONAL SHEETS, IF NECESSARY, AND IDENTIFY AS "OTHER PERSONAL PROPERTY")

**SECTION 5 LEASED, LOANED, OR RENTED PERSONAL PROPERTY: List below all personal property which is located at your place of business that is leased, loaned, or rented and is owned by someone else.**

DESCRIPTION OF ITEM	DATE PURCHASED	YEAR PLACED IN SERVICE	QUANTITY	TOTAL COST

ATTACH ADDITIONAL SHEETS, IF NECESSARY, AND IDENTIFY AS "LEASED EQUIPMENT, ETC.")

**SECTION 6 LEASED PERSONAL PROPERTY – THIS SECTION FOR LESSORS ONLY:**

To help avoid duplication of accounts related to leased personal property, please provide the name and address of the person(s) or business(es) to whom property was leased on April 1 of this year. Please also include a description of the item(s), model #, serial #, the quantity leased, year acquired, and original cost. Attach list identified as "Lessor's Personal Property."

**SECTION 7 DELETED OR RETIRED PERSONAL PROPERTY: List below all personal property DELETED OR RETIRED from the previous year.**

DESCRIPTION OF ITEM	DATE PURCHASED	YEAR PLACED IN SERVICE	QUANTITY	TOTAL COST

ATTACH ADDITIONAL SHEETS, IF NECESSARY, AND IDENTIFY AS "LEASED EQUIPMENT, ETC.")

I hereby certify that this declaration return, together with any accompanying exhibits or statements has been examined by me and, to the best of my knowledge, information, and belief, sets forth a full, true, and perfect list of all taxable personal property owned by me or in my possession or under my control located in the **City of Rockland on April 1**, that such property has been reasonably described and its cost fairly represented; and that no attempt has been made to mislead the Assessor as to its age, quality, quantity, or cost. A 15% failure to disclose will be assessed if the form is not returned.

I also understand that this return is subject to audit by the Assessor or an agent acting on his/her behalf.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Official Title: \_\_\_\_\_

Person authorized to disclose records: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

UPON COMPLETION, PLEASE MAIL, FAX OR EMAIL THIS RETURN TO:

ASSESSOR, CITY OF ROCKLAND  
270 PLEASANT STREET  
ROCKLAND, ME 04841  
[dfrench@ci.rockland.me.us](mailto:dfrench@ci.rockland.me.us)