



City of Lewiston  
**ASSESSOR'S OFFICE**  
 27 Pine Street  
 Lewiston, Maine 04240

**LEWISTON**  **ME**

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 27 Pine Street, Lewiston, Maine 04240

**207-513-3027**  
 KSheehan@lewistonmaine.gov

## 2023 PERSONAL PROPERTY SCHEDULE FORM

**DUE DATE: MAY 1, 2023**

<b>LEGAL BUSINESS NAME:</b> _____	<b>DBA (IF APPLICABLE):</b> _____
<b>PHYSICAL LOCATION:</b> _____ STREET ADDRESS	<b>E-MAIL ADDRESS:</b> _____
<b>TYPE OF BUSINESS:</b> _____	<b>TAX ID: #</b> _____
<b>CONTACT NAME:</b> _____	<b>PHONE NUMBER:</b> _____

As a new business in Lewiston you are asked to create a full list of assets as of April 1, 2023. An accurate list includes the item and number of each, the date purchased, purchase price or value and whether it was purchased new or used. You may use excel or another preferred format that for the listing. These documents may be returned by email to: ksheehan@lewistonmaine.gov.

Please do not disregard this letter, if we do not receive a response, you forgo the right to appeal the valuation, which will be estimated, and your business may be subject to growth factors. This request is made in accordance with State of Maine MRSA Title 36 Section 706A.

Please provide your mailing address:

**MAILING ADDRESS:** \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_ CITY STATE ZIP

**THE INFORMATION REPORTED HEREON IS FULL, TRUE, AND CORRECT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF. FORMS THAT HAVE NOT BEEN SIGNED MAY BE RETURNED FOR COMPLETION.**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

# BUSINESS EQUIPMENT & FIXTURES

Listing may be electronically submitted to: [ksheehan@lewistonmaine.gov](mailto:ksheehan@lewistonmaine.gov)

ITEM DESCRIPTION	QTY.	DATE ACQUIRED (MM/YY)	ORIGINAL NEW COST	NEW OR USED

**Leasing Equipment:** It is the responsibility of the **LEASING COMPANY** to pay the property taxes on any property that is leased by you, unless there is a contractual agreement that states that you are responsible to pay the property tax. Please answer the following questions so that we may bill the leasing company appropriately. Please use additional sheets of paper if necessary.

1. LEASED ITEM: \_\_\_\_\_  
LEASING COMPANY: \_\_\_\_\_  
COMPANY MAILING ADDRESS: \_\_\_\_\_  
ORIGINAL COST: \$ \_\_\_\_\_ MONTHLY PAYMENT: \$ \_\_\_\_\_

2. LEASED ITEM: \_\_\_\_\_  
LEASING COMPANY: \_\_\_\_\_  
COMPANY MAILING ADDRESS: \_\_\_\_\_  
ORIGINAL COST: \$ \_\_\_\_\_ MONTHLY PAYMENT: \$ \_\_\_\_\_