



TOWN OF KENNEBUNKPORT, MAINE
~ INCORPORATED 1653 ~

Business Equipment & Fixtures Listing

Please contact the Assessor's Office if you have any questions, need assistance with this form.

Business Name : _____

Owners Name: _____

Location: _____

Mailing Address: _____

Telephone: _____

Directions: List each item, enter the month and year the item was aquired, original purchase price. If acquired used, enter the year of the manufacture, and enter estimated value.

Item Description	Date Acquired Month/Year	Year of Manufacture	Original Cost New	Estimated Value

Please see reverse side for leased equipment

LEASED EQUIPMENT: It is the responsibility of the lessor to pay the property tax on any property that is

LEASED EQUIPMENT: It is the responsibility of the lessor to pay the property tax 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. If so, please provide the written agreement. Otherwise answer the following questions so that we may bill the leasing company appropriately.

1. Leased Item _____

Leasing Company: _____

Company Mailing Address: _____

Original Cost: \$ _____ Monthly Payment: \$ _____
2. Leased Item _____

Leasing Company: _____

Company Mailing Address: _____

Original Cost: \$ _____ Monthly Payment: \$ _____
3. Leased Item _____

Leasing Company: _____

Company Mailing Address: _____

Original Cost: \$ _____ Monthly Payment: \$ _____
4. Leased Item _____

Leasing Company: _____

Company Mailing Address: _____

Original Cost: \$ _____ Monthly Payment: \$ _____
5. Leased Item _____

Leasing Company: _____

Company Mailing Address: _____

Original Cost: \$ _____ Monthly Payment: \$ _____
6. Leased Item _____

Leasing Company: _____

Company Mailing Address: _____

Original Cost: \$ _____ Monthly Payment: \$ _____

