

Town of Colchester, Connecticut

OFFICE OF THE ASSESSOR

127 Norwich Avenue, Colchester, Connecticut 06415

Date_____

Re: Business Personal Property

Dear Personal Property Taxpayer:

Our office recently became aware of the fact that you are conducting or intend to conduct business within our municipality.

Pursuant to Connecticut General Statutes Sec. 12-41 every business must file a Personal Property Declaration (form M-15) annually prior to November 1st. Furthermore, failure to file by the November 1st deadline will result in an estimate of assessed value and a 25% assessment penalty.

Kindly complete and return the enclosed forms to my attention as soon as possible. Form M-15 will be available for printing, online annually mid to late September for the current tax year. You may also stop in the Assessor's office to pick one up, copy fees apply.

If you are already filing under a different name or there are any circumstances that we are unaware of, please do not hesitate to contact us at (860) 537-7205.

Regards,

Rochelle M. Lambert C.C.M.A. I Assistant Assessor

Encl: New Business Personal Property Affidavit Detailed Itemized List

> John J. Chaponis C.C.M.A. II, C.T.A., Assessor Telephone (860) 537-7205 · Fax (860) 537-1147 · Email <u>Assessor@colchesterct.gov</u>



New Business Personal Property Affidavit

Please print or type legibly:

DOING BUSINESS AS:					
Name of Owner(s): Contact Person/Title: Phone Number(s): Email Address: Website:					
• Date Business began i	n Colchester: _				
Type of Business or Service I	Performed:				
CHECK APPLICABLE: Individual []	Partnership []	(Corporation []	LLC[]	
Business Location:					
Former Location (if any):					
Owner's Home Address:					
Business Mailing Address:					
Where do you prefer to have correspondence sent? Business Address [] Home Address []					
• What is the square footage of the space your business occupies? (Not applicable to home based businesses).					
Additional Information/Com	nents:				
Print Name of Parson accurate	ting form				
Print Name of Person comple Signature:			Date signe	ed:	

COLOTION COLOTION COLOTION COLOTION	Detailed Itemized List	ASSESSOR'S OFFICE USE UID:
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Description of Item	Date of Acqu	isition Original Cost New

• Please list all of the items used in the course of conducting business (even if initially purchased for personal use), include a complete description of each asset including year of model, date acquired, and original cost new. *If additional space is needed, please make copies of this form.*