

# TOWN OF SOUTHLINGTON

## Department of Assessments

75 Main Street – PO Box 84

Southington, CT 06489

TELEPHONE (860) 276-6205

FACSIMILE (860) 628-4727

**List#:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City State Zip:** \_\_\_\_\_

In the form below, please enter the requested information so that we can determine the assessment of any vehicles which are used for **business or personal purposes**. The form must be completed and returned with your personal property declaration to the Assessor's Office by **November 3, 2014**. Please supply all plate numbers (use additional sheets if necessary). Explain the current use of each plate by completely listing the vehicle information and operator information requested.

Plate No.	Year	Make/Model	VIN Number	Use	Operator's Name	Relationship to Business

I hereby declare under penalty of false statement that the foregoing list (including any accompanying schedules and statements) according to the best of my knowledge and belief, is a true statement of all my property as required in this report. I also declare under penalty of false statement that no property has been conveyed or temporarily disposed of for the purpose of evading the laws relating to the assessment and collection of taxes.

Signature \_\_\_\_\_

Date \_\_\_\_\_