

TOWN OF BAR HARBOR, MAINE

ASSESSOR'S OFFICE

93 Cottage Street, Bar Harbor, ME 04609
(207) 288-3320



Business Name:

Business Location:

Account Number:

BUSINESS PERSONAL PROPERTY DECLARATION

NOTICE: This schedule is required under Maine State Statute, Title 36, §601 & 706-A.
Taxpayers who do not comply may, by law, lose their right to appeal.

PLEASE CHECK THE APPROPRIATE BOX BELOW AND PROCEED AS INSTRUCTED:

- New Business:** Please fill out the form on the reverse side with a complete inventory of all personal property used in the operation of the business as of April 1, 2025. The attached Vision Property Card may be blank if you have never filed a Personal Property Declaration.
- Existing Business (Additions/Deletions):** Please refer to the provided Vision Property Card and report any additions or deletions of property as of April 1, 2025 on the reverse side of this notice. If you have not submitted a complete list of personal property (i.e. your Vision Property Card is blank), please do so.
- Existing Business (No Changes):** If there are no additions or deletions as of April 1, 2025 from the list provided, check this box and sign on the reverse side.
- Moved or Out of Business:** If the business closed before April 1, 2025 or is no longer operating in Bar Harbor, check this box and sign on the reverse side.

NOTE: If you do not have adequate space on the form, please provide supplemental sheets. Personal property lists in Excel format are accepted and can be emailed to deputyassessor@barharbormaine.gov.

PLEASE REFER TO THE INFORMATION AT THE TOP OF THE PAGE AND FILL IN THE INFORMATION BELOW TO MAKE NOTE OF ANY ERRORS OR CHANGE IN BUSINESS NAME, OWNER NAME, PHYSICAL ADDRESS, OR MAILING ADDRESS:

BUSINESS NAME:
BUSINESS LOCATION:
OWNER NAME:
MAILING ADDRESS:

RETURN THIS FORM TO:

Town of Bar Harbor, Assessing Office, 93 Cottage Street, Bar Harbor, ME 04609

BUSINESS INVENTORY AS OF APRIL 1, 2025:

ADDITIONS:

| DESCRIPTION | QTY | MODEL/SERIAL # | YEAR ACQUIRED | COST EACH (NEW/USED) |
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DELETIONS:

| LINE # | DESCRIPTION | QTY | MODEL/SERIAL # | YEAR ACQUIRED | COST EACH (NEW/USED) |
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LEASED EQUIPMENT:

| DESCRIPTION | QTY | MODEL/SERIAL # | YEAR ACQUIRED | COST EACH (NEW/USED) |
|-------------|-----|----------------|---------------|----------------------|
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SIGNATURE: _____

EMAIL: _____

NAME: _____

DATE: _____

RETURN THIS FORM TO:

Town of Bar Harbor, Assessing Office, 93 Cottage Street, Bar Harbor, ME 04609