Town of Hampton

P.O. Box 143, Hampton, CT 06247-0143 Phone (860) 455-9132 x 5 Fax (860) 455-0517

TO:

Deliver declaration to:

Town of Hampton Assessor's Office P.O. Box 143 Hampton, CT 06247-0143

Phone (860) 455-9132 x 5 Fax (860) 455-0517

2016 Declaration of Personal Property – MV/CAMPER FORM Hampton, Connecticut

Filing Requirement – This declaration must be completed and filed with the Assessor of the town where the personal property is located. Declarations of personal property shall be made annually. Writing "Same as last year" is not acceptable.

Penalty for late filing – Failure to file timely will result in a penalty equal to 25% of the assessment of the personal property. This declaration must be filed or postmarked (as defined in C.G.S. Sec 1-2a) no later than: November 1, 2016

Extension: The Assessor may grant a filing extension *for good cause* (CGS §12-42). If a request for an extension is needed, you need to contact the Assessor in writing by **November 2**.

Tuesday, November 1, 2016

If you no longer own the personal property assessed in your name last year or moved the property out of Hampton, you must return this declaration to the Assessor and provide information related to the name of the new owner of the property or to where you moved the property (see below). Otherwise, the Assessor must assume that you still own and have failed to declare your taxable personal property.

	Affidavit of Sale of F	Personal Property
Ι	of	
Owners name	Mailing Address	City, State, and Zip
ا With regards to	personal property do so certify that on	Said property was (indicate which one by circling):
	Date	
SOLD TO:		
And/Or	Name	Address
MOVED TO:		
	City/Town and State to where camper was moved	Address
The sigr	ner is made aware that the penalty for making a false aff	idavit is a \$500.00 fine or imprisonment for one year or both.
Signature		Print name

For Owners of n	2 on-Con	016 P	ersonal F	Property De	claratio	n – Mo type vehi	tor Vehicle ficles not register	orm red in Hampto	n, Conn	ecticut
List or Assount #:	011 0011				9	<u> </u>				October 1, 2016
O							R	equired return	date No	vember 1, 2016
A -l -l						_	Location of pe	ersonal propert	y in Han	npton
City/State/Zip						_	·			•
Phone / Fax ()			/ ()		E-Ma	ail			
Taxable Property Inform				copy and a			-			
#9 MOTOR VEHICLES Unregist vehicles, etc.) including any vehi registered. Describe your personal p	ered moto cle garage roperty I	d in Hamp ocated i	ton but register n Hampton	ed in another state of below:	or another C	onnecticut to			Assi	ESSOR'S USE ONLY
Campground name: At campground from				Campgi	round Site					
At campground from			to _				here year round [
Vehicle type:							Home Fifth V	Vheel		
(check all boxes that apply)							_			
Vehicle Description and Info	mation	Year	Make_		Model :	#				
Model Name:			Make of e	ngine:		_Make of	chassis			
	Width:						e price:			
Registered:	∕es	0	Marker #	t:	Where	registered:				
IF REGISTERED IN AND										
MUST PROVID				EGISTRATION		VALUE \$			#9	
Site and Non-registered Mot	or Vehicle	e Informa	tion:				1 1			
Improvement	Yes	No		Size			Wood or Metal	VALUE	#24	
Deck Cara an anala				X						
Screen porch Sun Room (with windows)				X X						
Canopy (not awnings)				X						
Shed				X						
Non-registered MV	red MV Yes No Year		Make			Model	VALUE			
Golf Cart										_
ATV										
Motorcycle Motor scooter										
Other (describe)										
								Subtotal >		
#25 – Penalty for failure to fil	e as requ	uired by s	tatute – 25%	of assessment	Λ.		a Final Assass	mont Total >	#25	
			D	- I D			s Final Assess	ment lotal>		
DO HEREBY declare under pena		Avo	be signed (and id Penalty -	Notarize Persona	witnessed) al Property	before it m Declaratio	nay be filed with th n signed by agent		remembra	nce and helief that
is a true statement of all my per essessment and collection of taxe Owner's Signature	sonal prop									
	Owner's Signature (print owner's name on line below)									
			Dri	nt or type owner's r	name					
I DO HEREBY declare under of proper declaration for him in a Agent's Signature			duly appointed	agent for the owne		erty listed al	pove and that I have	full authority and k	nowledge	sufficient to file a
			Agent's Signatu	re (print agent's na	me on line b	elow)				
			Pri	nt or type agent's n	ame					
Witness of agent's sworn state				-						
Subscribed and sworn to				1 0 00 =	.	0		Date		
As	sessor or	statt mem	ber, Town Clerk	, Justice of the Pea	ce, Notary o	Commission	oner of Superior Cou	π		