



**TOWN OF BRUNSWICK, MAINE  
ASSESSOR'S OFFICE  
85 UNION ST, BRUNSWICK, ME 04011  
207-725-6650  
assess@brunswickme.gov**

**Assessor's Office use only:**

Date Received: \_\_\_\_\_

Account Number: \_\_\_\_\_

**BETE BETR N/A**

## **2025 PERSONAL PROPERTY SCHEDULE FORM**

**NOTICE:** This schedule is required under Maine State Statutes, Title 36, Section 706-A and must be returned to the Assessor's Office no later than **May 1, 2025. Taxpayers who do not comply forfeit their right to appeal.**

**Please complete all of the following Ownership Information:**

Owner/Corporation Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Physical Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

**Did you Move?  Or Go Out of Business? :**

Please indicate whether the business is no longer located in Brunswick as of **April 1, 2025.**

State the effective date of closure and the reason. **Effective Date:** \_\_\_\_\_  
**Brief Explanation:** \_\_\_\_\_

**BUSINESSES, HOME OCCUPATIONS, MANUFACTURERS** – Use the reverse side to submit a complete and itemized listing of all machinery and equipment, furniture and fixtures in your possession as of April 1, 2025.

**LEASING COMPANIES** – Submit a complete list of all items leased to businesses located in Brunswick and situated as of April 1, 2025. If you have an agreement with the lessee that makes them responsible for the property tax, please provide written verification. Please provide the equipment type, business name and physical location for each item.

### **TAX RELIEF**

#### **Non-retail business**

**See BETE Program at**

<https://www.brunswickme.org/476/Personal-Property>

#### **Retail business**

**See BETR Program at**

<https://www.brunswickme.org/476/Personal-Property>

**BETE applications are due May 1, 2025. BETR applications are available August 1, 2025.**

BETE/BETR applicants still must submit this schedule form in its entirety.

*Having carefully read the above, I hereby certify that the information reported hereon is full, true, and correct to the best of my knowledge and belief. (Forms that have not been signed may be returned to you for completion.)*

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

**(SEE OTHER SIDE FOR ADDITIONS & DELETIONS)**

## **BUSINESS EQUIPMENT & FIXTURES LISTING**

**Please contact the Assessor's Office if you have any questions or if you need assistance.**

**DIRECTIONS:** 1. Enter the function (A=Add or D=Delete 2. List each item 3. Enter the asset type (F = Furniture & Fixtures, M = Machinery & Equipment, C = Computers, T = Trailers, S = Signs) 4. Enter the month and year the item was acquired 5. Indicate if the item was purchased new or used 6. Original purchase price 7. If the item was used, homemade or received free, you must still enter an *estimated* value 8. Name the State that the used items were purchased in.

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**NO ADDITIONS OR DELETIONS SINCE APRIL 1, 2024**

**LEASED EQUIPMENT:** It is the responsibility of the leasing company to pay the property tax on any property that is leased by you, unless there is a contractual agreement that states you are responsible to pay the property tax. Please answer the following questions so that we may bill the leasing company appropriately. Please use additional sheets of paper as necessary.

1. Leased Item: \_\_\_\_\_ Leased Company: \_\_\_\_\_ Company Mailing Address \_\_\_\_\_

Original Cost: \$  Monthly Payment: \$

2. Leased Item: \_\_\_\_\_ Leased Company: \_\_\_\_\_ Company Mailing Address \_\_\_\_\_

Original Cost: \$  Monthly Payment: \$