

FIXED ASSET LISTING FORM

BUSINESS NAME: _____

PHONE: _____

FAX: _____

ADDRESS: _____

	ITEM TYPE AND DESCRIPTION	DATE ITEM ACQUIRED	INSTALLED COST
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$
11			\$
12			\$
13	Vehicles:		\$
14			\$
15			\$
16			\$
		TOTAL COST	\$

If the year acquired and exact cost is not known, please estimate as closely as possible and indicate in notes below.

Notes:

I have removed the following items from my business:

Signed Business Owner:

_____ (Sign back of Schedule as well.)

Accepted by Assessor's Office By: _____ Date: _____

Unacceptable-Requires Field Review By: _____ Date: _____