Summit County Assessor
208 Lincoln Ave.
P.O. Box 276
Breckenridge, CO 80424
970-453-3480
Office Hours: 8:30 a.m to 4:30 p.m. Monday-Friday
personalproperty@summitcountyco.gov
www.summitcountyco.gov

2016 STATE OF COLORADO
PERSONAL PROPERTY DECLARATION SCHEDULE
(Any changes of Name, Address, Furniture, or Equipment may be made directly to this form.)
DUE DATE: APRIL 15, 2016

SCHEDULE/ACCOUNT NUMBER	T.A. CODE		B.A. CODE	

SECTION A: OWNER NAME AND ADDRESS

Owner Name _____
Mailing Address _____
City, State, Zip _____

Name _____

SECTION B: PHYSICAL LOCATION OF THE PROPERTY

Location Address _____
City, State, Zip _____
Business Type _____

SECTION C: CONTACT INFORMATION

Phone _____
Cell _____
E-Mail _____

SECTION F: ALL PERSONAL PROPERTY

Please furnish a complete itemized list of all furniture, tools, and equipment owned by you and used in your rental or business. Do not include license equipment. Submit original installed cost only (no depreciated values). Attach additional sheets, if applicable (indicating your schedule/account number).

OFFICE USE ONLY	ITEM DESCRIPTION	YEAR ACQUIRED	NEW / USED	QUANTITY	ORIGINAL INSTALLED COST $/EACH	MONTH/YEAR PLACED IN USE

Comments: