City of Auburn, 706-A Request Personal Property Asset Filing Form - Marijuna Business

In accordance with M.R.S.A. 36, § 706-A, The City of Auburn hereby gives notice that you are required to file a "true and perfect" list of your business assets on or before **APRIL 15, 2020** with the **ASSESSOR'S OFFICE, 60 COURT STREET, SUITE 104, AUBURN, ME 04210** or electronically by e mail to **assessing@auburnmaine.gov.** For assistance please call 207-333-6600, ask for the Assessing Department.

Asset Type	Description	Brand/Model	Quantity	Year New	Original Cost New (per unit)	Total
Grow beds, platforms, trays and pots					(per unit)	
Lighting. Include all grow lamps,						
heating lamps, high-intensity lamps,						
grow light sockets, regulators, ballasts,						
transformers and control equipment						
Heating, air conditioning and humidity						
control equipment. List all units and						
associated mechanical systems (e.g.						
conduit, supply lines, etc.)						
Ventilation fans and other air						
circulation						
Lab, processing and testing equipment,						
such as extractors, evaporators,						
chillers, vacuum pumps, etc.						
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CO2 Equipment. Include tanks, CO2						
lines, emitting equipment and control						
units						
Irrigation system. Include water lines, sprayers, tanks, and control equipment						
Harvesting Equipment such as leaf trimmers, trimming trays, drying racks,						
etc.						
Chemical application and storage						
equipment.						
Equipment and controls for fire						
protection, fire suppression and						
security systems.						

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Other computerized control systems.						
Racking, stands and gantrys						
Tools and other miscellaneous equipment (which may include office equipment)						
Modular shelters, e.g. cabinets, grow rooms, flowering rooms, preparation rooms etc. Include any rooms that the grower is responsible for (by lease term or ownership) Furniture and signs						
Computers						
Trailers or non-excised vehicles						
Other assets						
					total:	

Business Owner:	signature:	
Filer name (if different):	signature:	
Owner/Filer e mail:	date:	
Correct mailing address:	phone(s):	