Town of Rockport, Maine
Assessing Department
101 Main Street, Rockport, Maine 04856
207-236-6758 x5
Rebecca Ewen
rewen@rockportmaine.gov

Acct #: _____
☐E ☐R

2026 BUSINESS Property Schedule Form

NOTICE: This schedule is required under MRS, Title 36 §601 and §706-A, and must be returned to the Assessor's Office no later than **May 1, 2026**. **Taxpayers who do not comply may forfeit their right to appeal.**

Please complete the following Ownership Information:

Business Name: _____

Type of Ownership: ☐ Corporation / Partnership / LLC ☐ Sole Proprietor

Type of Business: _____

Owner Name: _____

Mailing Address: _____

Physical Location: _____

Contact Name: _____ Phone Number: _____

E-Mail Address: _____

Did you Move? ☐ Go Out of Business? ☐:

Please indicate whether the business is no longer located in Rockport as of **April 1, 2026.**

State the effective date of closure and the reason. **Effective Date**: _____

Brief Explanation: _____

☐ **New Business?** – 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, 2026.

☐ **Current Business?** – Use the reverse side to submit any changes from the previous year. Use included listing to assist with changes.

If you did not receive or misplaced your BETE application visit rockportmaine.gov/departments/assessing/applications/BETE

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 for completion.**

Signature _____ Date: _____

BUSINESS EQUIPMENT & FIXTURES LISTING

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

DIRECTIONS: List each item added or removed over the last year.
*If the item was used, homemade or received free, you must still enter an **estimated** value.*

ITEM DESCRIPTIONS Additions:	QTY	NEW ✓	ORIGINAL COST NEW	DATE ACQUIRED (MM/YY)	USED ✓	ITEM AGE USED*	PRICE PAID USED*
		☐			☐		
		☐			☐		
		☐			☐		
		☐			☐		
		☐			☐		
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		☐			☐		
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		☐			☐		
		☐			☐		

Deletions:

GOT 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 that you are responsible for paying the property tax. Please answer the following questions so that we may bill the leasing company appropriately. Please use additional sheets of paper for additional items as necessary.

1. Leased Item: _____

   Leasing Company: _____

   Company Mailing Address: _____

   Original Cost: $_____ Monthly Payment $_____