



**CITY OF BURLINGTON
 OFFICE OF THE ASSESSOR
 149 Church Street, Room 17
 Burlington, VT 05401-8488
 Tel. (802) 865-7114
 Fax (802) 865-7116
www.burlingtonvt.gov/assessor**

BUSINESS PERSONAL PROPERTY REGISTRATION FORM

Date: _____

Name of LLC, Corp., SP, Partnership: _____

DBA, Trade Name: _____

Business Owner: _____

Mailing Address: _____

City/State/Zip: _____

Location of Business: _____

Date business opened: _____

Contact Person: _____

Telephone Number: _____

What type of business: _____

_____ **Title :** _____
Signature of Person

Printed Name

=====

For Office use only

Date Stamp / Date Received

Assessor's Office

Received by: _____

Date processed in AssessPro: _____

Date processed in NEMRC: _____