

Charter Township of Clinton



OFFICERS:

Robert J. Cannon
Supervisor
George Fitzgerald
Clerk
William J. Sowerby
Treasurer

TRUSTEES:

Ernest O. Hornung
Kenneth Pearl
Dean J. Reynolds
Jenifer (Joie) West

DEPARTMENT OF ASSESSING

ASSESSOR

Paul L. Robinson

ASSESSING ADMINISTRATOR

Sharon E. Schaffner

CIVIC CENTER

40700 Romeo Plank Road
Clinton Twp., MI 48038-2900
Phone: (586) 286-9468
Fax: (586) 286-9390

QUESTIONNAIRE FOR NEW BUSINESS PERSONAL PROPERTY

Please complete the following questionnaire pertaining to your business in Clinton Township. This information will assure that we have the correct information and contacts to most accurately value your personal property. **Return this questionnaire as soon as possible to the attention of the ASSESSING DEPT. at the address or fax number listed below.** Thank you for your cooperation!

Property address: _____ Suite No. _____

Date your business started at this location: _____

Name of business: _____

Type of business: _____

Owner name(s): _____

Individual: _____

Partnership: _____ (Check one)

Corporation: _____

Mailing address: _____

Date of Incorporation: _____

Approximate square footage of area you occupy: _____

Phone No: _____

Basement square footage: _____

BOOKKEEPER/ACCOUNTANT INFORMATION:

Name: _____

Address: _____

Phone No: _____

DO YOU HAVE ANY LEASED EQUIPMENT (ex. Copy Machines, Telephones, Computers, Furniture)?
Yes _____ No _____ *If yes, please attach a list of Lessor(s) name and address, description of equipment leased, and type of lease (conditional sale, capital lease, true lease, etc.)*

DID YOU DO ANY LEASEHOLD IMPROVEMENTS/INTERIOR ALTERATIONS TO THE BUILDING? **Y/N** (CIRCLE ONE).

IF YES, WERE THEY PAID BY THE **LANDLORD OR TENANT?** (CIRCLE ONE)

APPROXIMATE COST OF LEASEHOLDS/INTERIOR ALTERATIONS: \$ _____

DO YOU SUB-LEASE SPACE IN YOUR OFFICE TO ANYONE ELSE? Yes _____ No _____

If Yes, please indicate name of business & lessee: _____

WERE YOU PREVIOUSLY LOCATED IN CLINTON TOWNSHIP? Yes _____ No _____

If Yes, please list previous location: _____

List previous address other than Clinton Township: _____

DID YOU BRING ANY PREVIOUSLY OWNED ASSETS WITH YOU TO THIS NEW LOCATION? Yes _____ No _____ *If yes, please attach a detailed list of previously owned assets*

DID YOU PURCHASE ANY OR ALL ASSETS FROM THE PREVIOUS OWNER OF THE BUSINESS AT THIS LOCATION? Yes _____ No _____ *If yes, please attach a list of these assets*

ASSESSING DEPARTMENT USE ONLY

Parcel #: _____ School Dist: _____ Class: _____

Square Foot Rate: _____ ECF Code: _____ Business Type: _____