



**ELECTRONIC OFFICE EQUIPMENT (SUCH AS FAX MACHINES, PHOTOCOPIERS, TELEPHONE SYSTEMS, ETC.)**

1. Item Description	2. Date Acquired	3. New (N)/ Used (U)	4. Year of Manufacture (Used)	5. Purchase Price	6. Value Estimate (if purchase price unk)

**COMPUTER EQUIPMENT & PERIPHERALS, EXAMPLES INCLUDE CPU, MONITOR, PRINTER, ETC.**

1. Item Description	2. Date Acquired	3. New (N)/ Used (U)	4. Year of Manufacture (Used)	5. Purchase Price	6. Value Estimate (if purchase price unk)

**LEASED EQUIPMENT:** *It is the responsibility of the lessor to pay the property tax on any property that is leased by you, unless there is a contractual agreement that states the lessee is responsible to pay the property tax. If so, please provide the written agreement. Otherwise, answer the following questions for each leased item so that we may bill the leasing company appropriately.*

1. Leased Item: \_\_\_\_\_ Leasing Company: \_\_\_\_\_  
 Company Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Original cost of item: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Date lease began: \_\_\_\_\_ Term of lease: \_\_\_\_\_
2. Leased Item: \_\_\_\_\_ Leasing Company: \_\_\_\_\_  
 Company Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Original cost of item: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Date lease began: \_\_\_\_\_ Term of lease: \_\_\_\_\_
3. Leased Item: \_\_\_\_\_ Leasing Company: \_\_\_\_\_  
 Company Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Original cost of item: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Date lease began: \_\_\_\_\_ Term of lease: \_\_\_\_\_

***Having carefully read the above and completed this personal property declaration, I hereby certify that the information reported hereon is full, true and correct to the best of my knowledge and belief.***

*PLEASE SIGN AND DATE! Unsigned forms will be returned for signature.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_\_\_\_