

**Town of Bowdoinham, 706-A Request  
Personal Property Asset Filing Form - Marijuana Business**

In accordance with M.R.S.A. 36, § 706-A, The Town of Bowdoinham hereby gives notice that you are required to file a “true and perfect” list of your business assets on or before **MAY 1, 2024** with the **ASSESSOR'S OFFICE, 13 SCHOOL STREET, BOWDOINHAM, ME 04008** or electronically by e mail to [assessing@bowdoinham.com](mailto:assessing@bowdoinham.com). For assistance please call 207-666-5531, 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						
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.						
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						
					<b>total:</b>	

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