FOR REGISTER OF DEEDS USE ONLY

FORM
A-5

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

LAND USE CHANGE TAX

STEP 1 PROPERTY OWNER(S) AND RESPONSIBILE PARTY (if applicable)

PLEASE TYPE OR PRINT

LAST NAME	FIRST NAME	INITIAL
Lastnamethatis-Abitlongertofill the Entirespace	Longfirstnametocheckthisscenario Here.	X
LAST NAME	FIRST NAME	INITIAL

RESPONSIBLE PARTY, IF OTHER THAN PROPERTY OWNER [RSA 79-A:7, II(e)]

STREET ADDRESS
Strada Macelarilor, 2D, Bulevardul Aviatorilor 99, aleea Calea lui Traian, numarul 280

ADDRESS (continued)
Cartierul Manastur-Cluj, blocul 77D, apartamentul 22QA, scara 3C, etajul 2

TOWN/CITY	STATE	ZIP CODE+4
Alexandria	-	999222993SSS

STEP 2 PROPERTY LOCATION

PLEASE TYPE OR PRINT

STREET
Somestreetnametofillthis, somemoredetails About the Street, number 990A, mailing address 333PP

TOWN/CITY	COUNTY
Cluj	Cluj

NUMBER OF ACRES	CHECK ONE:	BOOK #	PAGE #
	PARTIAL RELEASE ☐ FULL RELEASE ☐		

MAP #	LOT #	MAP #	LOT #	MAP #	LOT #

STEP 3 LOCAL IDENTIFICATION OF LAND BEING DISQUALIFIED

(a) Owners Name of Record When Land Was First Classified	BOOK #	PAGE #
(b) Number of Acres Originally Classified		
(c) Number of Acres Previously Disqualified		
(d) Acres Disqualified per this Assessment		
(e) Number of Acres Remaining in Current Use [3(b) minus 3(c) and 3(d)]		

STEP 4 ASSESSMENT OF LAND USE CHANGE TAX

(a) Narrative description of the disqualification:	
(b) Actual Date of Change in Use (MM/DD/YYYY)	
(c) Full and True Value at Time of Change in Use	$
(d) Land Use Change Tax [Step 4(c) x 10%]	$

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NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

LAND USE CHANGE TAX

STEP 5 SIGNATURES OF A MAJORITY OF SELECTMEN/ASSESSORS

TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
		19 JUNE 2019
TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE

STEP 6 LAND USE CHANGE TAX NOTICE (TO BE COMPLETED BY LOCAL ASSESSING OFFICIALS)

PLEASE TYPE OR PRINT			
	LAST NAME	FIRST NAME	
	ADDRESS		
	ADDRESS (continued)		
	TOWN/CITY	STATE	ZIP CODE+4

(a) Date of Release (MM/DD/YYYY)	
(b) Date of Bill (MM/DD/YYYY)	
(c) Full and True Value at Time of Change in Use	$
(d) Total Tax Due	$

STEP 7 CHECKS PAYABLE TO AND MAILED TO (TO BE COMPLETED BY TAX COLLECTOR)

(a) Make Check Payable to:			
(b) Mail To:	NAME		
	ADDRESS		
	TOWN/CITY	STATE	ZIP CODE+4
(c) Tax Collector's Offi ce Location:			
(d) Tax Collector's Offi ce Hours:			

(e) Include a separate check in the amount of $_____
Payable to _____ for recording fee at County Register of Deeds.

(f) Payment of this tax is due no later than 30 days after mailing of this bill. Interest, at the rate of 18% per annum, shall be due if this tax is not paid on or before _____

STEP 8 ACKNOWLEDGMENT OF PAYMENT

SIGNATURE (in black ink) OF TAX COLLECTOR	DATE PAID