N HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

LAND USE CHANGE TAX

WNER(S) AND RESPONSIBILE PARTY (if applicable)

	FIRST NAME Adrian	INITIAL E
	FIRST NAME Nicolae	INITIAL D

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

n
d)
, ap. 7
-Caciulata

	STATE VL	ZIP CODE+4 245600

RTY LOCATION

r. 9		COUNTY Cluj	BOOK # 1	PAGE # 1
oca F ACRES	CHECK ONE: PARTIAL RELEASE ☐ FULL RELEASE ☑		MAP # 14	LOT # 5
	LOT # 11	MAP # 12	LOT # 13	BOOK # 11 / PAGE # 12

CAL IDENTIFICATION OF LAND BEING DISQUALIFIED

ners Name of Record When Land Was First Classified a Nicolae	150
umber of Acres Originally Classified	50
Number of Acres Previously Disqualified	50
Acres Disqualified per this Assessment	50
) Number of Acres Remaining in Current Use [3(b) minus 3(c) and 3(d)]	

P 4 ASSESSMENT OF LAND USE CHANGE TAX

(a) Narrative description of the disqualification: Some description here

Description line two		
Actual Date of Change in Use (MM/DD/YYYY)	24/06/2019	50000
Time of Change in Use	$	500
	$	

A-5
Rev 03/13

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

LAND USE CHANGE TAX

FORM A-5

STEP 5 SIGNATURES OF A MAJORITY OF SELECTMEN/ASSESSORS

TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
Something		24.06.2019
Something 2		25.06.2019

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 Office Location:

(d) Tax Collector's Office Hours:

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

(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

TYPE OR PRINT NAME (in black ink) OF TAX COLLECTOR | DATE PAID

A-5
Rev 03/13