

MS-1 EXTENSION REQUEST FORM

NAME OF MUNICIPALITY: _____

FAX #: _____

DATE OF REQUEST: _____

PHONE #: _____

CONTACT PERSON: _____

EMAIL: _____

The filing date for the MS-1, Summary Inventory of Valuation, is **September 1**. However, this date may be extended by the Commissioner of Revenue Administration for just cause per RSA 21-J:34, I. Complete and send in this form to request an extension.

REASON (check all that apply):

EXTENSION UNTIL: _____

- Utility Values
 - Revaluation in Process
 - Update in Process
 - Data Entry Incomplete
 - Administrative (explain)
 - Other (explain)
- _____
- _____
- _____

Assessor(s)

Under penalties of perjury, I declare that I have examined the information contained in this form and to the best of my belief it is true, correct and complete.

FOR DRA USE ONLY

Request for Extension: Granted Extension Expires: _____

Denied Reason for Denial: _____

Date of Response

Department of Revenue Administration

NH DEPARTMENT OF REVENUE ADMINISTRATION
Municipal Services
P.O. Box 487 Concord, NH 03302-0487
Phone: (603) 271-3397
Fax: (603) 271-1161