

MS-1 EXTENSION REQUEST FORM

NAME OF MUNICIPALITY: _____ FAX #: _____

DATE OF REQUEST: _____ PHONE #: _____

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.

AN MS-1 EXTENSION OF TIME UNTIL _____ is requested.

REASONS: _____

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.

Signed _____

Selectmen/Assessors

FOR DRA USE ONLY

Request for Extension: Granted/Denied _____ Until: _____

Reason for Denial: _____

Date of Response

Department of Revenue Administration

FOR DRA USE ONLY

NH DEPARTMENT OF REVENUE ADMINISTRATION
Municipal Services
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