



REPORT OF TOWN/CITY/VILLAGE OFFICIALS

Form Due Date: **20 Days after Appointment of Officials**

Instructions

Cover Page

- Select the entity type
- Select the Town/City/Village name from the pull down menu
- Specify the date this form was last updated
- Enter the preparer's information

Reporting:

- Please complete all fields as necessary for the *Report of Officials* pages, including specifying whether the position is *Elected* or *Appointed* and the Term End Date for the position.

For Assistance Please Contact:

NH DRA Municipal and Property Division

Phone: (603) 230-5090

Fax: (603) 230-5947

<http://www.revenue.nh.gov/mun-prop/>

ENTITY'S INFORMATION ?

Entity Type: Municipality Village

Municipality: County: Last Updated:

Is this entity an SB2? Yes No

TOWN CLERK'S INFORMATION ?

First Name Last Name

Street No. Street Name Phone Number

Email (optional)



MS-123

TOWN OFFICIALS

Position	First Name	Last Name	Mailing Address	Tel. Number	E-mail Address	Type	Term Ends
Selectboard Chair							
Selectman							
Selectman							
Selectmen's Secretary							
Tax Collector							
Town Clerk							
Town Treasurer							
Deputy Tax Collector							
Deputy Town Clerk							
Deputy Treasurer							
Town Auditor							
Chair of Trustees of Trust Funds							
Treas. of Trustees of Trust Funds							
Trustee of Trust Funds							
Trustee of Trust Funds							
Chair of Cemetary Trustees							
Cemetary Trustee							
Cemetary Trustee							

Town Planning Board

Position	First Name	Last Name	Mailing Address	Tel. Number	E-mail Address	Type	Term Ends
Chairman							
Selectman							
Member							



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Town Planning Board

Position	First Name	Last Name	Mailing Address	Tel. Number	E-mail Address	Type	Term Ends
Member							

Conservation Commission

Position	First Name	Last Name	Mailing Address	Tel. Number	E-mail Address	Type	Term Ends
Chairman							
Clerk							
Member							
Member							

Library Trustees

Position	First Name	Last Name	Mailing Address	Tel. Number	E-mail Address	Type	Term Ends
Chairman							
Alternate Trustee							
Clerk							
Member							
Member							

Zoning Board of Adjustment

Position	First Name	Last Name	Mailing Address	Tel. Number	E-mail Address	Type	Term Ends
Chairman							
Member							
Member							

Water And Sewer Departments

Position	First Name	Last Name	Mailing Address	Tel. Number	E-mail Address	Type	Term Ends
Commission Clerk							



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Water And Sewer Departments							
Position	First Name	Last Name	Mailing Address	Tel. Number	E-mail Address	Type	Term Ends
Commissioner							
Commissioner							

Other Town Officers							
Position	First Name	Last Name	Mailing Address	Tel. Number	E-mail Address	Type	Term Ends
Town Manager							
Town Administrator							
Town Finance Director							
Town Moderator							
Town Attorney							
Supervisors of Checklist							
Supervisors of Checklist							
Health Officer							
Overseer of Public Welfare							
Chief of Police							
Town Constable							
Emergency Mgmt. Director							
Fire Chief							
Forest Fire Warden							
Librarian							
Road Agent							
Water Works Superintendent							



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Budget Committee

Position	First Name	Last Name	Mailing Address	Tel. Number	E-mail Address	Type	Term Ends
Chairman							
Clerk							
Member							
Member							

Assessors

Position	First Name	Last Name	Mailing Address	Tel. Number	E-mail Address	Type	Term Ends
Assessor							
Assessor							

CITY OFFICIALS

City Cabinet

Position	First Name	Last Name	Mailing Address	Tel. Number	E-mail Address	Type	Term Ends
Mayor							
Councilor							
Councilor							
Alderman							
Alderman							

Other City Officials

Position	First Name	Last Name	Mailing Address	Tel. Number	E-mail Address	Type	Term Ends
City Assessor							
City Manager							
City Clerk							
City Treasurer							



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Other City Officials

Position	First Name	Last Name	Mailing Address	Tel. Number	E-mail Address	Type	Term Ends
Auditor							
Finance Director							
Tax Collector							
Chair of Trustees of Trust Funds							
Treas. of Trustees of Trust Funds							
Trustee of Trust Funds							
Trustee of Trust Funds							
Cemetery Trustee							
Cemetery Trustee							
Library Trustee							
Library Trustee							
City Solicitor							
Conservation Commission Member							
Conservation Commission Member							

VILLAGE OFFICIALS

Position	First Name	Last Name	Mailing Address	Tel. Number	E-mail Address	Type	Term Ends
Commissioner (Chair)							
Commissioner							
Commissioner							
Clerk							
Treasurer							
Moderator							



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Position	First Name	Last Name	Mailing Address	Tel. Number	E-mail Address	Type	Term Ends
Auditor							

OTHER OFFICIALS

Position	First Name	Last Name	Mailing Address	Tel. Number	E-mail Address	Type	Term Ends



1. CERTIFY THIS FORM

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.

Preparer's First Name

Preparer's Last Name

Date

2. SAVE AND EMAIL THIS FORM

Please save and e-mail the completed PDF form to your Municipal Bureau Advisor.

3. PRINT, SIGN, AND UPLOAD THIS FORM

This completed PDF form must be PRINTED, SIGNED, SCANNED, and UPLOADED onto the Municipal Tax Rate Setting Portal (MTRSP) at <http://proptax.org/nh/>. If you have any questions, please contact your Municipal Bureau Advisor.

PREPARER'S CERTIFICATION

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.

Preparer's Signature and Title