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 2I-J:34,I. Complete and send in this form to request an extension.

EXTENSION UNTIL: _____

REASON (check all that apply):

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 belief it is true, correct and complete.	have examined the information contained in this form and to the best of my
	OR DRA USE ONLY
Request for Extension: Grante	ed Extension Expires:
Denied Reason for Denial:	
Date of Response	Department of Revenue Administration
FOR DRA USE ONLY	NH DEPARTMENT OF REVENUE ADMINISTRATION Municipal Services P.O. Box 487 Concord, NH 03302-0487 Phone: (603) 230-5090 Fax: (603) 230-5947