

TRAILER INFORMATION ASSESSMENT SHEET

*****DO NOT FILL THIS FORM OUT IF YOU HAVE A WATERCRAFT TRAILER*****

Owner's Name: _____

Business Name: _____

Mailing Address:
Street _____ City _____ State _____ Zip _____

Property Address:
Street _____ City _____ State _____ Zip _____

Phone (Daytime): _____ **Contact Person:** _____

Vehicle Information

Year: _____ **Make:** _____ **Model:** _____

VIN: _____ **Purchase Date:** _____ **Price: \$** _____

Date trailer was moved into Doniphan County: _____
(Only mark If different than purchase date)

Trailer Type: Flat Bed _____ Lowboy _____ Van Box _____ Car _____
Home Made _____ Stock _____ Utility _____ Dump _____
Tank _____ Horse _____ (Circle # of horse 1 2 3 4)

If Horse trailer does it have the following (**Circle one**) **Dressing Room, Living quarters, None**
Travel _____ Camper _____ Self Contained: Yes / No

Farm Use: _____ **Yes** _____ **No** _____ **Length of Trailer:** _____

Bumper Hitch: Yes / No **5th Wheel:** Yes / No **Number of axles :** _____

Trailer Material: Wood _____ Steel _____ Alum _____ Fiberglass _____

Are you state assessed: _____ If yes, include a copy of motor carriers schedule

Did you trade-in/dispose of another trailer for this one? **Yes** _____ **No** _____

If yes, list the year & make of the previous trailer. _____

Who did you purchase the trailer from? _____

Additional Information you feel would be useful to the Personal Property Clerk:

Date: _____

Taxpayer's Signature: _____

County Appraiser's section: _____ (FOR ASSESSOR'S OFFICE ONLY)

Taxpayer Name: _____ **I/C:** _____

ID #: _____ **Comm'l use** _____

City/Twp: _____ **Farm Use** _____

Tax Unit: _____ **Tax Role** _____

Clerk's Initials: _____