

SECTION A APPLICATION INFORMATION from Form CU-301

Owner #1 _____ Owner #1 SSN or FEIN _____
Town _____ SPAN _____

SECTION B ADDITIONAL LANDOWNERS

List all persons holding record title to this parcel. Select ONE owner as the primary contact. Owner #1 from Form CU-301 will be used if none is selected.

Owner #4 Social Security Number or FEIN	Owner #5 Social Security Number or FEIN	Owner #6 Social Security Number or FEIN
Owner #4 Name	Owner #5 Name	Owner #6 Name
Mailing Address, Line 1	Mailing Address, Line 1	Mailing Address, Line 1
Mailing Address, Line 2	Mailing Address, Line 2	Mailing Address, Line 2
City, State, ZIP	City, State, ZIP	City, State, ZIP
e-mail	e-mail	e-mail
Primary Phone	Primary Phone	Primary Phone
Is this owner the PRIMARY CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this owner the PRIMARY CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this owner the PRIMARY CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner #7 Social Security Number or FEIN	Owner #8 Social Security Number or FEIN	Owner #9 Social Security Number or FEIN
Owner #7 Name	Owner #8 Name	Owner #9 Name
Mailing Address, Line 1	Mailing Address, Line 1	Mailing Address, Line 1
Mailing Address, Line 2	Mailing Address, Line 2	Mailing Address, Line 2
City, State, ZIP	City, State, ZIP	City, State, ZIP
e-mail	e-mail	e-mail
Primary Phone	Primary Phone	Primary Phone
Is this owner the PRIMARY CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this owner the PRIMARY CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this owner the PRIMARY CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner #10 Social Security Number or FEIN	Owner #11 Social Security Number or FEIN	Owner #12 Social Security Number or FEIN
Owner #10 Name	Owner #11 Name	Owner #12 Name
Mailing Address, Line 1	Mailing Address, Line 1	Mailing Address, Line 1
Mailing Address, Line 2	Mailing Address, Line 2	Mailing Address, Line 2
City, State, ZIP	City, State, ZIP	City, State, ZIP
e-mail	e-mail	e-mail
Primary Phone	Primary Phone	Primary Phone
Is this owner the PRIMARY CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this owner the PRIMARY CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this owner the PRIMARY CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION J CERTIFICATION To be completed by all owners of record - **ALL OWNERS MUST SIGN** - if signature by other than owner(s), attach copy of recorded power of attorney or other recorded authorization.

I hereby certify that the information provided in this form is true and accurate to the best of my knowledge.

I intend to have all of my property described on this application appraised at use value except those portions specifically excluded.

I acknowledge that I, my heirs and assigns are subject to the provisions of 32 V.S.A. Chapter 124 and the rules and regulations and use values as adopted and prescribed by the Current Use Advisory Board, the Commissioner of Taxes, and state statutes.

When this application is signed by the owner(s) and approved by the state, the state shall record a lien in the land records of the municipality to secure payment of the land use change tax upon development of the parcel. The lien shall run with the land.

I acknowledge that the Vermont Department of Forests, Parks and Recreation, the Vermont Department of Taxes, and their employees or duly authorized representatives have the right to enter the property at anytime without prior notice for the purposes of ensuring compliance with the Use Value Appraisal Program requirements.

Owner #4 Name: _____	Signature: _____	Date: _____
Owner #5 Name: _____	Signature: _____	Date: _____
Owner #6 Name: _____	Signature: _____	Date: _____
Owner #7 Name: _____	Signature: _____	Date: _____
Owner #8 Name: _____	Signature: _____	Date: _____
Owner #9 Name: _____	Signature: _____	Date: _____
Owner #10 Name: _____	Signature: _____	Date: _____
Owner #11 Name: _____	Signature: _____	Date: _____
Owner #12 Name: _____	Signature: _____	Date: _____

Attach to Use Value Appraisal Application Form (CU-301) and include an additional \$10.00.

**Instructions for
Current Use Program, Form CU-302
ADDITIONAL OWNERS FORM FOR USE VALUE APPRAISAL APPLICATION**

This form should only be used with the Use Value Appraisal Application (CU-301) when there are more than three owners. If there are more than twelve (12) owners, complete additional CU-302 forms.

A \$10 recording fee is needed for each CU-302 form. One check can be written for the CU-301 and CU-302 forms.

Section A

Please ensure that this information matches exactly with the information entered on the application.

Based upon the application, enter the name and social security or FEIN of "Owner #1."

Enter the name of the town and the SPAN that was entered on the application.

Section B

Enter the name and information for each additional owner. Social Security Numbers or Federal Employer Identification Numbers are required for each owner.

Only one entry can be listed as the primary owner. This owner's address will receive the written correspondence relating to the parcel.

Section J

Print each owner's name clearly. Each owner must sign and date this form. Only original signatures can be accepted. No copies are allowed.

Please submit this form with the Use Value Appraisal Application Form (CU-301) and all attachments to:

Vermont Department of Taxes
Current Use Program
PO Box 1499
Montpelier, VT 05601-1499

You can find additional information on the Department of Taxes website, www.tax.vermont.gov, or by calling (802) 828-5860.