

FORM
PA-37-A

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
DISCRETIONARY PRESERVATION EASEMENT RELEASE

STEP 1 PROPERTY OWNER (S)

PLEASE TYPE OR PRINT	LAST NAME		FIRST NAME	
	LAST NAME		FIRST NAME	
	STREET ADDRESS			
	ADDRESS (CONTINUED)			
	TOWN/CITY		STATE	ZIP CODE

STEP 2 PROPERTY LOCATION

PLEASE TYPE OR PRINT	STREET				
	TOWN/CITY			COUNTY	
	NUMBER OF ACRES	MAP #	LOT #	BOOK #	PAGE #
	OWNER NAME OF RECORD WHEN LAND WAS FIRST GRANTED DISCRETIONARY PRESERVATION EASEMENT				
	DISCRETIONARY PRESERVATION EASEMENT RECORDED IN: BOOK # PAGE #			CHECK ONE, PARTIAL RELEASE <input type="checkbox"/> FULL RELEASE <input type="checkbox"/>	

STEP 3 TO BE COMPLETED BY ASSESSING OFFICIALS

Reason for Release: <input type="checkbox"/> Expiration <input type="checkbox"/> Personal Hardship <input type="checkbox"/> Other _____
Date of Release _____ Full and True Value at time of Release \$ _____
Discretionary Preservation Easement Tax \$ _____

STEP 4 SIGNATURES OF ALL PROPERTY OWNERS OF RECORD, IF APPLICABLE

TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
DISCRETIONARY PRESERVATION EASEMENT RELEASE
(CONTINUED)

STEP 5 APPROVAL OF A MAJORITY OF SELECTMEN/ASSESSORS

TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE

STEP 6 DISCRETIONARY PRESERVATION EASEMENT TAX BILL

PLEASE TYPE OR PRINT	LAST NAME	FIRST NAME	
	STREET ADDRESS		
	ADDRESS (CONTINUED)		
	TOWN/CITY	STATE	ZIP CODE
(a) Actual Date of Release (MM/DD/YYYY)			
(b) Date of Preservation Easement Release Tax Bill (MM/DD/YYYY)			
(c) Full and True Value of Easement at time of Release (RSA 75:1)		\$	
(d) Total Tax Due:		\$	

STEP 7 CHECKS PAYABLE TO AND MAILED TO - TO BE COMPLETED BY TAX COLLECTOR

(a) Make Check Payable to:			
(b) Mail To:	NAME		
	ADDRESS		
	TOWN/CITY	STATE	ZIP CODE
(c) Tax Collector's Office Location:			
(d) Tax Collector's Office Hours:			
(e) Include a separate check in the amount of \$ _____ Payable to _____ County Register of Deeds for recording fee.			
(f) Payment of this tax is due no later than 30 days after mailing of this bill. Interest, at the rate of 18% per annum, shall be due if this tax is not paid on or before _____			

STEP 8 ACKNOWLEDGMENT OF PAYMENT

SIGNATURE (IN BLACK INK) OF TAX COLLECTOR	DATE PAID
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