**JURISDICTION CHECKLIST**

**PERSONAL PROPERTY**

 **v. Assessors of**

**(Appellant’s name) (Appellee)**

**ATB Docket No.**

**DATE FORM OF LIST FILED:**

**DATE ACTUAL TAX BILL MAILED:**

**DATE AT LEAST ONE-HALF BILL PAID:**

**DATE ABATEMENT APPLICATION FILED:**

**DATE OF ASSESSORS’ ACTION/INACTION:**

**DATE OF NOTICE OF ACTION/INACTION:**

**IF PARTIAL, REVISED ASSESSMENT AMOUNT:**

**DATE PETITION FILED:**