PLEASE TAKE ONE

AGENDA
CHICHESTER BOARD OF SELECTMEN
June 2, 2020
6:30pm

IN LIGHT OF THE COVID 19 (CORONA VIRUS) SOCIAL DISTANCING ADVICE MADE BY THE GOVERNOR AND CDC, THE TOWN OF CHICHESTER FOLLOWING A DECLARATION OF EMERGENCY BY THE GOVENOR, THE SELECTBOARD CHAIRPERSON, IS PROVIDING A *MEETING PARTICIPATION VIA TELEPHONE CONFERENCE* FOR YOUR SAFETY.

If you would like to participate in the telephone conference, please call this number from home: Dial **1 301 715 8592** and enter this code**: Meeting ID: 858 0185 8153** and **Password: 055076** Follow along using a digital copy from our website at: ChichesterNH.org. We will also be streaming the meeting as a webinar which you join by going to this link:
https://us02web.zoom.us/j/85801858153?pwd=UVpzSUxDWWg2VjVJcm5sdFRQa3ZNQT09

Appointments

Department Heads
Acceptance of GOFERR Coronavirus Relief Fund per RSA 21-P:43

General Business/Board Discussion

Update from SAU on Budget Surplus
Food Pantry Donations
Intent to Cut
Timber Billing

Outstanding Items:

ADJOURNMENT

FIRE TECH & SAFETY OF NEW ENGLAND, INC.
100 Business Park Dr., Unit 6
Tyngsborough, MA 01879
1-800-256-8700 Fax (978) 649-6833

Quote

Date	Quote #
4/24/2020	189255

Name / Address
CHICHESTER FIRE DEPT.-NH 54 MAIN STREET CHICHESTER, NH 03258

Project	Terms	Rep
	Net 30	D&B

Qty	Description	Unit Price	Total
1	AMKUS RESCUE SYSTEMS EXTRICATION KIT	14,950.00	14,950.00

Total $14,950.00

stryker

3-Year Plan Effective 5/20/21 to 5/19/24

Quote Number: 10194071

Version: 1

Prepared For: CHICHESTER FIRE DEPT
Attn: Austin Wakefield

Remit to: **Stryker Medical**
P.O. Box 93308
Chicago, IL 60673-3308

Rep: Phil Howard
Email: phil.howard@stryker.com
Phone Number: (888) 627-9698 x 78235
Mobile: (206) 617-2499

Quote Date: 05/18/2020
Expiration Date: 08/16/2020

Delivery Address		**End User - Shipping - Billing**		**Bill To Account**	
Name:	CHICHESTER FIRE DEPT	Name:	CHICHESTER FIRE DEPT	Name:	CHICHESTER FIRE AND RESCUE
Account #:	1190216	Account #:	1190216	Account #:	1332062
Address:	22 N MAIN ST	Address:	22 N MAIN ST	Address:	54 MAIN ST
	CHICHESTER		CHICHESTER		CHICHESTER
	New Hampshire 03258-6508		New Hampshire 03258-6508		New Hampshire 03258

ProCare Products:

#	Product	Description	Qty	Start Date	End Date	List Price	Discount %	Sell Price	Total
1.0	78000013	LUC On Site Prevent	2	05/20/2021	05/19/2024	$2,412.00	5.0%	$2,291.40	$4,582.80

ProCare Total: $4,582.80

Price Totals:

Grand Total: $4,582.80

Comments:

Contact:Austin Wakefield
Phone:(603) 798-5954
Email:awakefield.cfr@gmail.com
Term:3-years
Billing:Annual
Effective:5/20/21 to 5/19/24
Devices:2-ea. LUCAS 2 w/ On-Site Prevent w/o Batteries (78000013)
S/N:30123773 30124254

Prices: In effect for 60 days. Terms: Net 30 Days

Ask your Stryker Sales Rep about our flexible financing options.

The Terms and Conditions of this quote and any subsequent purchase order of the Customer are governed by the Terms and Conditions located at https://techweb.stryker.com. The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a Master Service Agreement.

stryker

3-Year Plan Effective 5/20/21 to 5/19/24

Quote Number:	10194071	Remit to:	**Stryker Medical**
			P.O. Box 93308
Version:	1		Chicago, IL 60673-3308
Prepared For:	CHICHESTER FIRE DEPT	Rep:	Phil Howard
	Attn: Austin Wakefield	Email:	phil.howard@stryker.com
		Phone Number:	(888) 627-9698 x 78235
		Mobile:	(206) 617-2499
Quote Date:	05/18/2020		
Expiration Date:	08/16/2020		

AUTHORIZED CUSTOMER SIGNATURE

stryker

New Service Plan Effective 5/20/20 to 5/19/21

Quote Number: 10082349

Version: 1

Prepared For: CHICHESTER FIRE DEPT
Attn: Austin Wakefield

Quote Date: 05/18/2020

Remit to: **Stryker Medical**
P.O. Box 93308
Chicago, IL 60673-3308

Rep: Phil Howard
Email: phil.howard@stryker.com
Phone Number: (888) 627-9698 x 78235
Mobile: (206) 617-2499

Delivery Address		**End User - Shipping - Billing**		**Bill To Account**	
Name:	CHICHESTER FIRE DEPT	Name:	CHICHESTER FIRE DEPT	Name:	CHICHESTER FIRE AND RESCUE
Account #:	1190216	Account #:	1190216	Account #:	1332062
Address:	22 N MAIN ST	Address:	22 N MAIN ST	Address:	54 MAIN ST
	CHICHESTER		CHICHESTER		CHICHESTER
	New Hampshire 03258-6508		New Hampshire 03258-6508		New Hampshire 03258

ProCare Products:

#	Product	Description	Qty	Start Date	End Date	Sell Price	Total
1.0	78000020	LUC On Site Prevent w batt	2	05/20/2020	05/19/2021	$1,333.80	$2,667.60

ProCare Total: $2,667.60

Price Totals:

Grand Total: $2,667.60

Comments:

CONTACT: AUSTIN WAKEFIELD
PHONE: (603) 798-5954
EMAIL: AWAKEFIELD.CFR@GMAIL.COM 1-YEAR TERM: 11/22/19 THROUGH 11/21/20
2-EA. LUCAS 2 WITH ON-SITE PREVENT W/BATTERIES (78000020)
SERIAL NUMBERS: 30123773, 30124254
NEW SERVICE PLAN

Prices: In effect for 60 days. Terms: Net 30 Days

Ask your Stryker Sales Rep about our flexible financing options.

The Terms and Conditions of this quote and any subsequent purchase order of the Customer are governed by the Terms and Conditions located at https://techweb.stryker.com. The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a Master Service Agreement.

stryker

New Service Plan Effective 5/20/20 to 5/19/21

Quote Number:	10082349	Remit to:	**Stryker Medical**
			P.O. Box 93308
Version:	1		Chicago, IL 60673-3308
Prepared For:	CHICHESTER FIRE DEPT	Rep:	Phil Howard
	Attn: Austin Wakefield	Email:	phil.howard@stryker.com
		Phone Number:	(888) 627-9698 x 78235
		Mobile:	(206) 617-2499
Quote Date:	05/18/2020		

AUTHORIZED CUSTOMER SIGNATURE

TITLE I
THE STATE AND ITS GOVERNMENT

CHAPTER 21-P
DEPARTMENT OF SAFETY

Homeland Security and Emergency Management

Section 21-P:43

21-P:43 Appropriations and Authority to Accept Services, Gifts, Grants, and Loans. – Each political subdivision may make appropriations in the manner provided by law for making appropriations for the ordinary expenses of such political subdivision for the payment of expenses of its local organization for emergency management. Whenever the federal government or any federal agency or officer offers to the state, or through the state to any of its political subdivisions, services, equipment, supplies, materials, or funds by way of gift, grant, or loan for purposes of emergency management the state, acting through the governor, commissioner, or such political subdivision, acting with the consent of the governor and through its executive officer, city council, or board of selectmen, may accept such offer, subject to the terms of the offer and the rules and regulations, if any, of the agency making the offer. Whenever any person, firm or corporation offers to the state or to any of its political subdivisions services, equipment, supplies, materials, or funds by way of gift, grant, or loan for purposes of emergency management the state, acting through the governor, or such political subdivision, acting through its executive officer, city council, or board of selectmen, may accept such offer, subject to its terms.

Source. 2002, 257:7, eff. July 1, 2002.

GOFERR CORONAVIRUS RELIEF FUND GRANT AGREEMENT
(Municipalities and Counties)

The State of New Hampshire and the Grantee hereby mutually agree as follows:

1. GENERAL PROVISIONS: IDENTIFICATION.

1.1. State Agency Name: Governor's Office For Emergency Relief and Recovery (GOFERR)

1.2. State Agency Address: 1 Eagle Square, Concord, NH 03301

1.3. Grantee Name: Town of Chichester, New Hampshire

1.4. Grantee Address: 54 Main Street, Chichester, NH 03258

1.5 Grantee Telephone Number: 603-798-5350

1.6. State Vendor Number: _____

1.7. Completion Date: _____

1.8. Grant Amount not to exceed $ 61,675

1.9. Grant Officer for State Agency: John Frasier

1.10. State Agency Telephone Number: 603-271-7964

1.11. Grantee Signature: Choose the appropriate one of the signature options below:

A. Majority of Selectmen

_____ Date: _____
Selectmen Signor 1

_____ Date: _____
Selectmen Signor 2

_____ Date: _____
Selectmen Signor 3

B. Designated Signing Authority

_____ Date: _____
Print Name: Title:

Municipalities must attach evidence that they have complied with RSA 31:95-b or RSA 21-P:43 concerning acceptance of unanticipated revenue. Municipalities using the designated signing authority option must also attach evidence demonstrating the authority to sign.

1.12. State of New Hampshire Signature:

_____ Date: _____
Print Name: Title:

2. SCOPE OF ALLOWABLE USE OF FUNDS: In exchange for grant funds from the Coronavirus Relief Fund established by H.R. 748, Section 5001 provided by the United States government to the State of New Hampshire, the State of New Hampshire, acting through the Agency identified in Paragraph 1.1 (hereinafter referred to as "the State"), the Grantee identified in Paragraph 1.3 (hereinafter referred to as "the Grantee"), agrees and covenants that the funds will be used solely for an allowable purpose as defined in H.R. 748, Section 5001, for which Grantee has not received payment or reimbursement from any other source, defined as:

1. Necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID–19);
2. Expenditures that were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
3. Were incurred during the period that begins on March 1, 2020, and for purposes of this Agreement, ends on August 30, 2020.

The allowable purposes and use of funds are more specifically described in EXHIBIT A.

3. EFFECTIVE DATE: COMPLETION OF GRANT.

This Agreement, and all obligations of the parties hereunder, shall become effective on the date of approval of this Agreement by the State in paragraph 1.12 ("the effective date").

Except as otherwise specifically provided herein, this Grant, including all reports required by this Agreement, shall be completed in their entirety prior to September 30, 2020.

4. GRANT AMOUNT: LIMITATION ON AMOUNT: VOUCHERS: PAYMENT.

The Grant Amount is identified and more particularly described in EXHIBIT B, attached hereto.

The manner of, and schedule of payment shall be as set forth in EXHIBIT B.

In accordance with the provisions set forth in EXHIBIT B, and in consideration of the satisfactory performance of the Grant, as determined by the State, the State shall pay the Grantee up to the Grant Amount.

The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee and claimed as allowable expenses under this Agreement. To the extent that the Grant amount does not cover all of the Grantee's allowable expenses, nothing in this Agreement shall be construed to limit the Grantee's ability to pursue other COVID-19 relief that may be available. However, under this Agreement, the State shall have no liabilities to the Grantee other than the Grant Amount.

Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in Paragraph 1.8 of these general provisions.

5. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Grant, the Grantee shall comply with all statutes, laws, regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits.

6. RECORDS AND ACCOUNTS.

Between the Effective Date and the date three (3) years after the Completion Date the Grantee shall keep detailed accounts of all expenses incurred in connection with the Grant, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.

Between the Effective Date and the date three (3) years after the Completion Date, at any time during the Grantee's normal business hours, and as often as the State, the U.S. Department of Treasury or OMB shall demand, the Grantee shall make available to the State, the U.S. Department of Treasury or OMB all records pertaining to matters covered by this Agreement. The Grantee shall permit the State, the U.S. Department of Treasury or OMB to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data, and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership with, the entity identified as the Grantee in Paragraph 1.3 of these provisions

7. PERSONNEL.

The Grantee shall, at its own expense, provide all personnel necessary to perform the Grant. The Grantee warrants that all personnel engaged in the Grant shall be qualified to perform such Grant, and shall be properly licensed and authorized to perform such Grant under all applicable laws. Grantee shall comply with all state and federal personnel and labor laws applicable to its employees.

The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant Officer, and his/her decision on any dispute, shall be final.

8. CONDITIONAL NATURE OF AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.

9. EVENT OF DEFAULT: REMEDIES.

Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):

Failure to perform the Grant satisfactorily or on schedule; or

Failure to submit any report required hereunder; or

Failure to maintain, or permit access to, the records required hereunder; or

Failure to perform any of the other covenants and conditions of this Agreement.

Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

Give the Grantee a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Grantee notice of termination; and

Give the Grantee a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the Grant Amount which would otherwise accrue to the

Grantee during the period from the date of such notice until such time as the State determines that the Grantee has cured the Event of Default shall never be paid to the Grantee; and

Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and

Recoup from the Grantee, including by withholding any other payment of funds that becomes due to Grantee from the State, any payments under this Agreement that have been used in a manner contrary to the terms of this Agreement or the Coronavirus Relief Fund, H.R. 748, Section 5001; and

Treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

10. TERMINATION.

In the event of any early termination of this Agreement for any reason other than the completion of the Grant, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Grant expenses reimbursed, and the Grant Amount earned, to and including the date of termination.

In the event of Termination under paragraph 9 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.

The approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.

Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.

11. CONFLICT OF INTEREST. No officer, member or employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Grant is to be performed, who exercises any functions or responsibilities in the review or approval of the undertaking or carrying out of such Grant, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.

12. GRANTEE'S RELATION TO THE STATE. In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.

13. ASSIGNMENT AND SUBCONTRACTS. The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State.

14. INDEMNIFICATION. The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts

or omissions of the Grantee or subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this Agreement.

15. INSURANCE AND BOND.

The Grantee shall, at its own expense, obtain and maintain in force, the following insurance:

Statutory workmen's compensation and employees liability insurance for all employees engaged in the performance of the Grant, and

Comprehensive public liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than $1,000,000 per occurrence and $2,000,000 aggregate for bodily injury or death in any one incident, and $500,000 for property damage in any one incident; and

The policies shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event, or any subsequent Event. No express waiver of any Event of Default shall be deemed a waiver of any provisions hereof. No such failure of waiver shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other default on the part of the Grantee.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, by United States Mail, addressed to the parties at the addresses first above given.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire, if required or by the signing State Agency.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intent of the parties hereto.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.

22. SPECIAL PROVISIONS. The additional provisions set forth in EXHIBIT C hereto are incorporated as part of this Agreement.

GOFERR GRANT AGREEMENT EXHIBIT A

Scope of Allowable Uses of Coronavirus Relief Fund Grant

1. Grantee agrees that all expenditures for costs that it submits for reimbursement under this agreement shall meet the following criteria:

a.) are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID–19);

b.) were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and

c.) were incurred during the period that begins on March 1, 2020, and for purposes of this Agreement, ends on August 30, 2020.

2. As used herein the criteria above shall have the following meaning:

a.) Necessary expenditures due to the public health emergency means expenditures must be used for actions taken to respond to the public health emergency. These may include expenditures incurred to allow local government to respond directly to the COVID-19 emergency, such as by addressing medical or public health needs. Funds may not be used to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify under the statute.

b.) Costs not accounted for in the budget most recently approved as of March 27, 2020 means:

(i) the cost cannot lawfully be funded using a line item, allotment, or allocation within the Grantee's budget meeting the above definition, but excluding subsequent supplemental appropriations, including from a rainy day or reserve fund or other budgetary adjustments taken to respond to COVID-19; or

(ii) the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation.

c.) A cost is "incurred" when the responsible unit of government has expended funds to cover the cost during the period March 1, 2020 to December 30, 2020.

3. The U.S. Treasury guidance on allowable uses of Coronavirus Relief Funds (Exhibit A.1) and U.S. Treasury Answers to Frequently Asked Questions (FAQ's) regarding allowable uses of Coronavirus Relief Funds (Exhibit A.2) are incorporated herein and made part of this Agreement as if set forth in full.

4. Grantee is required to exhaust other available sources of COVID-19 relief funds first. Grantee will not submit allowable expenditures for reimbursement under this Agreement that are, or may, also be eligible for reimbursement from any other available federal or other public funding source for COVID-19 relief that is now, or that becomes available during the term of this Agreement, including, but not limited to the Federal Emergency Management Agency (FEMA), the Centers for Disease Control (CDC), Health and Human Services including Medicaid and Medicare, Treasury or the Small Business Administration until application has been made for such other funding and been disallowed or paid only in part. If an allowable expenditure is denied or covered only in part by such alternate relief funding source, the expenditure or remainder will be allowed under this Agreement during the period of

reimbursement in which the denial or partial payment decision is received, subject to the statutes, rules and guidance for the alternate funding source. For example, at this time, FEMA reimbursement is for 75% of allowable costs, but the 25% State or local match cannot be made up from other federal funds.

5. Except as specifically waived by OMB or Treasury for recipients of Coronavirus Relief Funds, the provisions of 2 C.F.R. 200 shall apply to this Grant, including but not limited to, if Grantee has received more than $750,000 in federal funds from all sources, the federal single audit requirements of §200.501.

6. Unique entity identifier and System for Award Management (SAM)—Required. Grantees must normally (i) Be registered in SAM before submitting an application; (ii) provide a valid unique entity identifier in its application; and (iii) continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency. This requirement has been relaxed by OMB for grants related to Coronavirus Relief Funds so that Grantees must only submit proof of SAMs registration and the unique entity identifier prior to their first receipt of funds. EXHIBIT I and J should be returned completed with the executed Grant Agreement, and must be received completed before any disbursement can be made.

7. The U.S. Treasury may issue subsequent or further guidance on allowable uses of Coronavirus Relief Funds. Therefore GOFERR may periodically issue Subgrantee Guidance (SG) and Subgrantee Notices (SN) or other clarifications as necessary. All such changes shall be considered as incorporated into this Agreement. The Grantee agrees to abide by any SG, SN or other instructions issued by GOFERR.

FORM **PA-7**

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

NOTICE OF INTENT TO CUT WOOD OR TIMBER

(Assigned by Municipality)

YR	TOWN	OP#
20	089	07-T

For Tax Year April 1, 2020 to March 31, 2021

PLEASE TYPE OR PRINT *(If filling in form on-line; use TAB Key to move through fields)*

1. Town/City of: Chichester

2. Tax Map/Block/Lot or USFS Sale Name & Unit No.
Map 2 Lot 8

3. Intent Type: Original ● Supplemental ○ _____ (Original Intent Number)

4. Name of Access Road: Towle Rd

5a. Acreage of Lot: 51 +/- Acreage of Cut: 50 +/-

5b. Anticipated Start Date: _____

6. Type of ownership (check only one):
   a. Owner of Land and Stumpage (Sole Owner) ○
   b. Owner of Land and Stumpage (Joint Tenants) ●
   c. Owner of Land and Stumpage (Tenants in Common) ○
   d. Previous owner retaining deeded timber rights ○
   e. Owner/Purchaser of stumpage & timber rights on public lands (Fed., State, municipal, etc.) or Utility Easements ○

REPORT OF CUT / CERTIFICATE TO BE SENT TO:
OWNER ○ OR LOGGER / FORESTER ●
BY MAIL ○ OR E-MAIL ●

7. I/We hereby accept responsibility for reporting all timber cut within 60 days after the completion of the operation or by May 15, whichever comes first. I/We also assume responsibility for any yield tax which may be assessed. (If a corporation, an officer must sign.)
Attach a signature page for additional owners.

X _____
SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) DATE SIGNED

Valerie Fradette
PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

X _____
SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) DATE SIGNED

PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

180 Horse Corner Rd
MAILING ADDRESS

Chichester | NH | 03258
CITY OR TOWN | STATE | ZIPCODE

valfradette@hotmail.com
E-MAIL ADDRESS

HOME PHONE (Enter number without dashes) | CELL PHONE (Enter number without dashes)

8. Description of Wood or Timber To Be Cut

Species	Estimated Amount To Be Cut
White Pine	30 MBF
Hemlock	50 MBF
Red Pine	MBF
Spruce & Fir	MBF
Hard Maple	5 MBF
White Birch	MBF
Yellow Birch	5 MBF
Oak	10 MBF
Ash	MBF
Soft Maple	MBF
Beech/Pallet/Tie & Mat Logs/ Pine Box	30 MBF
Other (Specify)	MBF
Pulpwood	**Tons**
Spruce & Fir	
Hardwood & Aspen	600
Pine	400
Hemlock	
Biomass Chips	800
Miscellaneous	
High Grade Spruce/Fir	Tons
Cordwood & Fuelwood	Cords

9. Species and Amount of Wood or Timber For Personal Use or Exempt. See exemptions on back of form.

Species	Amount:

10. By signing below, the Logger/Forester or person responsible for cutting hereby accepts responsibility for verifying the volumes of wood and timber to be reported by the owner, and certifies that they are familiar with RSA 227-J, the timber harvest laws.

_____
SIGNATURE (in ink) OF PERSON RESPONSIBLE FOR CUT DATE

Clay Dow
PRINT CLEARLY OR TYPE NAME OF PERSON RESPONSIBLE FOR CUT

520 N Barnstead Rd
MAILING ADDRESS

Barnstead | NH | 03225
CITY OR TOWN | STATE | ZIPCODE

603-986-5055 | cmdlogging@gmail.com
PHONE NUMBER | E-MAIL ADDRESS

FOR MUNICIPAL ASSESSING OFFICIALS ONLY

The Selectmen/Municipal Assessing Officials hereby certify that:
1. All owners of record have signed the Intent;
2. The land is not under the Current Use Unproductive category;
3. The form is complete and accurate; and
4. Any timber tax bond required has been received.
   $ _____ Date: _____
5. The tax collector will be notified within 30 days of receipt pursuant to RSA 79:10.
6. This form to be forwarded to DRA within 30 days.

SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE | SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE | SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE

SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE | SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE

PA-7
Rev 04/2019

FORM **PA-7**

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

NOTICE OF INTENT TO CUT WOOD OR TIMBER

(Assigned by Municipality)

YR	TOWN	OP#
20	089	08 - T

For Tax Year April 1, 2020 to March 31, 2021

PLEASE TYPE OR PRINT *(If filling in form on-line; use TAB Key to move through fields)*

1. Town/City of: Chichester

2. Tax Map/Block/Lot or USFS Sale Name & Unit No.
Map 26 Lot 40

3. Intent Type: Original (●) Supplemental ( ) _____ (Original Intent Number)

4. Name of Access Road: West Rd

5a. Acreage of Lot: 150 +/- Acreage of Cut: 40 +/-

5b. Anticipated Start Date: 2020

6. Type of ownership (check only one):
- a. Owner of Land and Stumpage (Sole Owner) ( )
- b. Owner of Land and Stumpage (Joint Tenants) (●)
- c. Owner of Land and Stumpage (Tenants in Common) ( )
- d. Previous owner retaining deeded timber rights ( )
- e. Owner/Purchaser of stumpage & timber rights on public lands (Fed., State, municipal, etc.) or Utility Easements ( )

REPORT OF CUT / CERTIFICATE TO BE SENT TO:

OWNER ( ) OR LOGGER / FORESTER (●)

BY MAIL ( ) OR E-MAIL (●)

7. I/We hereby accept responsibility for reporting all timber cut within 60 days after the completion of the operation or by May 15, whichever comes first. I/We also assume responsibility for any yield tax which may be assessed. (If a corporation, an officer must sign.)

Attach a signature page for additional owners.

X Robert Reed 4/2/20
SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) DATE SIGNED

Robert Reed
PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

Catherine Reed 4/2/20
SIGNATURE (in ink) OF OWNER(S) OR CORPORATE OFFICER(S) DATE SIGNED

Catherine Reed
PRINT CLEARLY OR TYPE NAME OF OWNER(S) OR CORPORATE OFFICER(S)

42 West Rd
MAILING ADDRESS

Chichester | NH | 03258
CITY OR TOWN | STATE | ZIPCODE

E-MAIL ADDRESS

HOME PHONE (Enter number without dashes) | CELL PHONE (Enter number without dashes)

8. Description of Wood or Timber To Be Cut

Species	Estimated Amount To Be Cut
White Pine	40 MBF
Hemlock	20 MBF
Red Pine	MBF
Spruce & Fir	MBF
Hard Maple	MBF
White Birch	MBF
Yellow Birch	MBF
Oak	30 MBF
Ash	MBF
Soft Maple	MBF
Beech/Pallet/Tie & Mat Logs/ Pine Box	MBF
Other (Specify)	MBF
Pulpwood	**Tons**
Spruce & Fir	
Hardwood & Aspen	920
Pine	400
Hemlock	
Biomass Chips	800
Miscellaneous	
High Grade Spruce/Fir	Tons
Cordwood & Fuelwood	Cords

9. Species and Amount of Wood or Timber For Personal Use or Exempt. See exemptions on back of form.

Species	Amount:

10. By signing below, the Logger/Forester or person responsible for cutting hereby accepts responsibility for verifying the volumes of wood and timber to be reported by the owner, and certifies that they are familiar with RSA 227-J, the timber harvest laws.

C Clay 4-2-20
SIGNATURE (in ink) OF PERSON RESPONSIBLE FOR CUT DATE

Clay Odw
PRINT CLEARLY OR TYPE NAME OF PERSON RESPONSIBLE FOR CUT

520 N. Barnstead Rd.
MAILING ADDRESS

Barnstead | NH | 03225
CITY OR TOWN | STATE | ZIPCODE

986-5455 | CMDlogging@gmail.com
PHONE NUMBER | E-MAIL ADDRESS

FOR MUNICIPAL ASSESSING OFFICIALS ONLY

The Selectmen/Municipal Assessing Officials hereby certify that:
1. All owners of record have signed the Intent;
2. The land is not under the Current Use Unproductive category;
3. The form is complete and accurate; and
4. Any timber tax bond required has been received.
$ _____ Date: _____
5. The tax collector will be notified within 30 days of receipt pursuant to RSA 79:10.
6. This form to be forwarded to DRA within 30 days.

SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE | SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE | SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE

SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE | SIGNATURE OF MUNICIPAL ASSESSING OFFICIAL DATE

CERTIFICATION OF YIELD TAXES ASSESSED
INTENT FILED DURING TAX YEAR: April 1, 2019 to March 31, 2020

TOWN / CITY OF: CHICHESTER
COUNTY OF: MERRIMACK COUNTY
CERTIFICATION DATE: June 2, 2020

SEND SIGNED COPY TO: DEPT. OF REVENUE ADMINISTRATION
MUNICIPAL AND PROPERTY DIVISION
P.O. BOX 487
CONCORD, NH 03302-0487

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

# 1	# 4	# 5	# 6	#6	#7		# 8	# 9	# 10
NAME OF OWNER	SPECIES	NUMBER OF BOARD FEET IN THOUSANDS	NUMBER OF TONS	NUMBER OF CORDS	STUMPAGE VALUE		TOTAL ASSESSED VAL.	TAX AT 10 %	
Erik M. Jones									
0	WHITE PINE	17.280				$135.00	$2,332.80	$233.28	
490 Gulf Road	HEMLOCK	0.000				$55.00	$0.00	$0.00	
Henniker, NH	RED PINE	0.000				$42.50	$0.00	$0.00	TOTAL TAX
ACCOUNT OR SERIAL #:	SPRUCE & FIR	0.000				$127.50	$0.00	$0.00	DUE ON THIS
1	HARD MAPLE	0.000				$277.50	$0.00	$0.00	OPERATION
# 2	WHITE BIRCH	0.000				$110.00	$0.00	$0.00	(TOTAL OF
BY WHICH LOT WAS DESIGNATED	YELLOW BIRCH	0.000				$210.00	$0.00	$0.00	COL. # 9)
IN NOTICE OF INTENT	OAK	0.000				$300.00	$0.00	$0.00	
	ASH	0.000				$147.50	$0.00	$0.00	
MAP & LOT NUMBER	SOFT MAPLE	0.000				$137.50	$0.00	$0.00	
2-72A	BEECH/PALLET/TIE LOGS	0.555				$75.00	$41.63	$4.16	
	OTHERS :	0.000				$0.00	$0.00	$0.00	
	OTHERS :	0.000				$0.00	$0.00	$0.00	
					TONS	CORDS			$256.16
# 3	SPRUCE & FIR		0.00		$ 3.63		$0.00	$0.00	
	HARDWOOD & ASPEN		7.98		$ 6.00		$47.88	$4.79	
OPERATION NUMBER	PINE		57.10		$ 1.38		$78.51	$7.85	
	HEMLOCK		0.00		$ 4.25		$0.00	$0.00	
20-089-01	BIOMASS CHIPS		34.74		$ 1.75		$60.80	$6.08	
	HIGH GRADE SPRUCE		0.00		$ 27.50		$0.00	$0.00	
	CORDWOOD			0.00		$ 10.00	$0.00	$0.00	
							$2,561.62	$256.16	

REV. 10.2012

ORIGINAL WARRANT
YIELD TAX LEVY
June 2, 2020
THE STATE OF NEW HAMPSHIRE

MERRIMACK COUNTY

TO: COLLECTORS NAME, Collector of Taxes for Town of CHICHESTER , in said county:

In the name of said State you are hereby directed to collect on or before thirty (30) days from date of bill from the person(s) named herewith committed to you, the Yield Tax set against their name(s), amounting in all to the sum of : **$256.16** , with interest at eighteen (18%) percent per annum from the due date and on all sums not paid on or before that day. We further order you to pay all monies collected to the treasurer of said town, or treasurer's designee as provided in RSA 41:29, VI, at least on a weekly basis, or daily when receipts exceed $1,500.00 or more often when directed by the Commissioner of Revenue Administration.

Given under our hands and seal at CHICHESTER

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

DATE SIGNED: June 2, 2020

NAME & ADDRESS	MAP & LOT	OPERATION #	YIELD TAX DUE
Erik M. Jones 0 490 Gulf Road Henniker, NH	2-72A	20-089-01	$256.16

TAX DUE DATE: July 2, 2020 TOTAL YIELDTAX: $256.16

TIMBER CUT FOR INTENTS FILED DURING: April 1, 2019 to March 31, 2020

TOWN: CHICHESTER
COUNTY: MERRIMACK COUNTY
OWNER: Erik M. Jones
OWNER:
ADDRESS: 490 Gulf Road
ADDRESS: Henniker, NH

INTENT FILED DURING TAX YEAR: April 1, 2019 to March 31, 2020

ACCOUNT & SERIAL #: 1
MAP & LOT #: 2-72A
OPERATION #: 20-089-01
DATE OF BILLING: June 2, 2020

SPECIES	LOW MBF	HIGH MBF			RANGE DIFFERENCE	RATING %	STUMPAGE VALUE *	# BOARD FEET IN THOUSANDS		
WHITE PINE	$80.00	$190.00			$110.00	0.50	$ 135.00	17.280		
HEMLOCK	$30.00	$80.00			$50.00	0.50	$ 55.00	0.000		
RED PINE	$25.00	$60.00			$35.00	0.50	$ 42.50	0.000		
SPRUCE & FIR	$80.00	$175.00			$95.00	0.50	$ 127.50	0.000		
HARD MAPLE	$155.00	$400.00			$245.00	0.50	$ 277.50	0.000		
WHITE BIRCH	$70.00	$150.00			$80.00	0.50	$ 110.00	0.000		
YELLOW BIRCH	$120.00	$300.00			$180.00	0.50	$ 210.00	0.000		
OAK	$200.00	$400.00			$200.00	0.50	$ 300.00	0.000		
ASH	$75.00	$220.00			$145.00	0.50	$ 147.50	0.000		
SOFT MAPLE	$75.00	$200.00			$125.00	0.50	$ 137.50	0.000		
BEECH/PALLET/TIE LOGS	$35.00	$115.00			$80.00	0.50	$ 75.00	0.555		
OTHERS:	$0.00	$0.00			$0.00	0.50	$ -	0.000		
OTHERS:	$0.00	$0.00			$0.00	0.50	$ -	0.000		

TONS & CORDS	TONS LOW	TONS HIGH	CORDS LOW	CORDS HIGH	TONS	CORDS	RATING %	STUMPAGE VALUE TONS *	STUMPAGE VALUE CORDS *	#TONS	#CORDS
SPRUCE & FIR	$0.75	$6.50			$5.75		0.50	$ 3.63		0.000	
HARDWOOD & ASPEN	$2.00	$10.00			$8.00		0.50	$ 6.00		7.980	
PINE	$0.75	$2.00			$1.25		0.50	$ 1.38		57.100	
HEMLOCK	$2.00	$6.50			$4.50		0.50	$ 4.25		0.000	
BIOMASS CHIPS	$0.50	$3.00			$2.50		0.50	$ 1.75		34.740	
HIGH GRADE SPRUCE	$20.00	$35.00			$15.00		0.50	$ 27.50		0.000	
CORD WOOD/FUELWOOD			$10.00	$30.00		$20.00	0.00		$ 10.00		0.000

*** STUMPAGE VALUE = % RATING X RANGE DIFFERENCE + LOW RANGE VALUE**

TOWN OF CHICHESTER

54 MAIN STREET

CHICHETSER, NH 03258
(603) 798-5350

Erik M. Jones
0
490 Gulf Road
Henniker, NH

YIELD TAX ON TIMBER CUT

TAX ACCOUNT & SERIAL I.D. NUMBER:	1
TAX MAP & LOT NUMBER:	2-72A
YIELD TAX OPERATION NUMBER:	20-089-01
DATE OF YIELD TAX BILL:	6/2/2020
AMOUNT COMMITTED TO ME FOR COLLECTION PER RSA 79:	**$256.16**

*** * * 18% APR INTEREST WILL BE CHARGED AFTER 7/2/2020 ON UNPAID TAXES * * ***

APPEAL: an owner may, within 90 days of notice of the tax, appeal to the assessing officials in writing for an abatement from the original assessment, but no owner shall be entitled to an abatement unless he has complied with the provisions of RSA 79:10 and 11. (RSA 79:8)

TAX OFFICE HOURS: MONDAY 9-12 & 7-8:30, WEDS & FRIDAY 9-4, THURSDAY 9-12
THURSDAY EVENING: 7-8:30

Sincerely,

EVELYN PIKE
Tax Collector

CERTIFICATION OF YIELD TAXES ASSESSED
INTENT FILED DURING TAX YEAR: April 1, 2019 to March 31, 2020

TOWN / CITY OF: CHICHESTER
COUNTY OF: MERRIMACK COUNTY
CERTIFICATION DATE: June 2, 2020

SEND SIGNED COPY TO: DEPT. OF REVENUE ADMINISTRATION
MUNICIPAL AND PROPERTY DIVISION
P.O. BOX 487
CONCORD, NH 03302-0487

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

# 1 NAME OF OWNER Corey & Dee Fitz 0 376 Dover Road Chichester, NH 03258	# 4 SPECIES	# 5 NUMBER OF BOARD FEET IN THOUSANDS	# 6 NUMBER OF TONS	#6 NUMBER OF CORDS	#7 STUMPAGE VALUE		# 8 TOTAL ASSESSED VAL.	# 9 TAX AT 10 %	# 10
	WHITE PINE	115.565				$135.00	$15,601.28	$1,560.13	
	HEMLOCK	0.000				$55.00	$0.00	$0.00	
	RED PINE	5.740				$42.50	$243.95	$24.40	TOTAL TAX
ACCOUNT OR SERIAL #: 1	SPRUCE & FIR	0.000				$127.50	$0.00	$0.00	DUE ON THIS
	HARD MAPLE	0.000				$277.50	$0.00	$0.00	OPERATION
# 2 BY WHICH LOT WAS DESIGNATED IN NOTICE OF INTENT	WHITE BIRCH	0.000				$110.00	$0.00	$0.00	(TOTAL OF
	YELLOW BIRCH	0.000				$210.00	$0.00	$0.00	COL. # 9)
	OAK	0.000				$300.00	$0.00	$0.00	
	ASH	0.000				$147.50	$0.00	$0.00	
MAP & LOT NUMBER 2-74-1 & 74	SOFT MAPLE	0.000				$137.50	$0.00	$0.00	
	BEECH/PALLET/TIE LOGS	5.800				$75.00	$435.00	$43.50	
	OTHERS :	0.000				$0.00	$0.00	$0.00	
	OTHERS :	0.000				$0.00	$0.00	$0.00	
					TONS	CORDS			$1,716.04
# 3	SPRUCE & FIR		0.00		$ 3.63		$0.00	$0.00	
	HARDWOOD & ASPEN		14.02		$ 6.00		$84.12	$8.41	
OPERATION NUMBER	PINE		369.01		$ 1.38		$507.39	$50.74	
	HEMLOCK		0.00		$ 4.25		$0.00	$0.00	
19-089-12	BIOMASS CHIPS		164.90		$ 1.75		$288.58	$28.86	
	HIGH GRADE SPRUCE		0.00		$ 27.50		$0.00	$0.00	
	CORDWOOD			0.00		$ 10.00	$0.00	$0.00	
							$17,160.32	$1,716.04	

REV. 10.2012

ORIGINAL WARRANT
YIELD TAX LEVY
June 2, 2020
THE STATE OF NEW HAMPSHIRE

MERRIMACK COUNTY

TO: COLLECTORS NAME, Collector of Taxes for Town of CHICHESTER , in said county:

In the name of said State you are hereby directed to collect on or before thirty (30) days from date of bill from the person(s) named herewith committed to you, the Yield Tax set against their name(s), amounting in all to the sum of : **$1,716.04** , with interest at eighteen (18%) percent per annum from the due date and on all sums not paid on or before that day. We further order you to pay all monies collected to the treasurer of said town, or treasurer's designee as provided in RSA 41:29, VI, at least on a weekly basis, or daily when receipts exceed $1,500.00 or more often when directed by the Commissioner of Revenue Administration.

Given under our hands and seal at CHICHESTER

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

DATE SIGNED: June 2, 2020

NAME & ADDRESS	MAP & LOT	OPERATION #	YIELD TAX DUE
Corey & Dee Fitz 0 376 Dover Road Chichester, NH 03258	2-74-1 & 74	19-089-12	$1,716.04

TAX DUE DATE: July 2, 2020 TOTAL YIELDTAX: $1,716.04

TIMBER CUT FOR INTENTS FILED DURING: April 1, 2019 to March 31, 2020

TOWN: CHICHESTER
COUNTY: MERRIMACK COUNTY
OWNER: Corey & Dee Fitz
OWNER:
ADDRESS: 376 Dover Road
ADDRESS: Chichester, NH 03258

INTENT FILED DURING TAX YEAR: April 1, 2019 to March 31, 2020

ACCOUNT & SERIAL #: 1
MAP & LOT #: 2-74-1 & 74
OPERATION #: 19-089-12
DATE OF BILLING: June 2, 2020

SPECIES	LOW MBF	HIGH MBF			RANGE DIFFERENCE	RATING %	STUMPAGE VALUE *	# BOARD FEET IN THOUSANDS		
WHITE PINE	$80.00	$190.00			$110.00	0.50	$ 135.00	115.565		
HEMLOCK	$30.00	$80.00			$50.00	0.50	$ 55.00	0.000		
RED PINE	$25.00	$60.00			$35.00	0.50	$ 42.50	5.740		
SPRUCE & FIR	$80.00	$175.00			$95.00	0.50	$ 127.50	0.000		
HARD MAPLE	$155.00	$400.00			$245.00	0.50	$ 277.50	0.000		
WHITE BIRCH	$70.00	$150.00			$80.00	0.50	$ 110.00	0.000		
YELLOW BIRCH	$120.00	$300.00			$180.00	0.50	$ 210.00	0.000		
OAK	$200.00	$400.00			$200.00	0.50	$ 300.00	0.000		
ASH	$75.00	$220.00			$145.00	0.50	$ 147.50	0.000		
SOFT MAPLE	$75.00	$200.00			$125.00	0.50	$ 137.50	0.000		
BEECH/PALLET/TIE LOGS	$35.00	$115.00			$80.00	0.50	$ 75.00	5.800		
OTHERS:	$0.00	$0.00			$0.00	0.50	$ -	0.000		
OTHERS:	$0.00	$0.00			$0.00	0.50	$ -	0.000		

TONS & CORDS	TONS LOW	TONS HIGH	CORDS LOW	CORDS HIGH	TONS	CORDS	RATING %	STUMPAGE VALUE TONS *	STUMPAGE VALUE CORDS *	#TONS	#CORDS
SPRUCE & FIR	$0.75	$6.50			$5.75		0.50	$ 3.63		0.000	
HARDWOOD & ASPEN	$2.00	$10.00			$8.00		0.50	$ 6.00		14.020	
PINE	$0.75	$2.00			$1.25		0.50	$ 1.38		369.010	
HEMLOCK	$2.00	$6.50			$4.50		0.50	$ 4.25		0.000	
BIOMASS CHIPS	$0.50	$3.00			$2.50		0.50	$ 1.75		164.900	
HIGH GRADE SPRUCE	$20.00	$35.00			$15.00		0.50	$ 27.50		0.000	
CORD WOOD/FUELWOOD			$10.00	$30.00		$20.00	0.00		$ 10.00		0.000

*** STUMPAGE VALUE = % RATING X RANGE DIFFERENCE + LOW RANGE VALUE**

TOWN OF CHICHESTER

54 MAIN STREET

CHICHETSER, NH 03258
(603) 798-5350

Corey & Dee Fitz
0
376 Dover Road
Chichester, NH 03258

YIELD TAX ON TIMBER CUT

TAX ACCOUNT & SERIAL I.D. NUMBER:	1
TAX MAP & LOT NUMBER:	2-74-1 & 74
YIELD TAX OPERATION NUMBER:	19-089-12
DATE OF YIELD TAX BILL:	6/2/2020
AMOUNT COMMITTED TO ME FOR COLLECTION PER RSA 79:	**$1,716.04**

*** * * 18% APR INTEREST WILL BE CHARGED AFTER 7/2/2020 ON UNPAID TAXES * * ***

APPEAL: an owner may, within 90 days of notice of the tax, appeal to the assessing officials in writing for an abatement from the original assessment, but no owner shall be entitled to an abatement unless he has complied with the provisions of RSA 79:10 and 11. (RSA 79:8)

TAX OFFICE HOURS: MONDAY 9-12 & 7-8:30, WEDS & FRIDAY 9-4, THURSDAY 9-12
THURSDAY EVENING: 7-8:30

Sincerely,

EVELYN PIKE
Tax Collector

CERTIFICATION OF YIELD TAXES ASSESSED
INTENT FILED DURING TAX YEAR: April 1, 2019 to March 31, 2020

TOWN / CITY OF: CHICHESTER
COUNTY OF: MERRIMACK COUNTY
CERTIFICATION DATE: June 2, 2020

SEND SIGNED COPY TO: DEPT. OF REVENUE ADMINISTRATION
MUNICIPAL AND PROPERTY DIVISION
P.O. BOX 487
CONCORD, NH 03302-0487

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

# 1 NAME OF OWNER Matthew Doyon 0 113 Canterbury Road Chichester, NH 03258 ACCOUNT OR SERIAL #: 1 # 2 BY WHICH LOT WAS DESIGNATED IN NOTICE OF INTENT MAP & LOT NUMBER 3-110 # 3 OPERATION NUMBER 19-089-11	# 4 SPECIES	# 5 NUMBER OF BOARD FEET IN THOUSANDS	# 6 NUMBER OF TONS	#6 NUMBER OF CORDS	#7 STUMPAGE VALUE		# 8 TOTAL ASSESSED VAL.	# 9 TAX AT 10 %	# 10
	WHITE PINE	0.000				$98.70	$0.00	$0.00	
	HEMLOCK	0.000				$38.50	$0.00	$0.00	
	RED PINE	0.000				$30.95	$0.00	$0.00	TOTAL TAX
	SPRUCE & FIR	0.000				$96.15	$0.00	$0.00	DUE ON THIS
	HARD MAPLE	0.000				$196.65	$0.00	$0.00	OPERATION
	WHITE BIRCH	0.000				$83.60	$0.00	$0.00	(TOTAL OF
	YELLOW BIRCH	0.000				$150.60	$0.00	$0.00	COL. # 9)
	OAK	0.000				$234.00	$0.00	$0.00	
	ASH	0.000				$99.65	$0.00	$0.00	
	SOFT MAPLE	0.000				$96.25	$0.00	$0.00	
	BEECH/PALLET/TIE LOGS	0.000				$48.60	$0.00	$0.00	
	OTHERS :	0.000				$0.00	$0.00	$0.00	
	OTHERS :	0.000				$0.00	$0.00	$0.00	
					TONS	CORDS			$1.73
	SPRUCE & FIR		0.00		$ 1.73		$0.00	$0.00	
	HARDWOOD & ASPEN		0.00		$ 3.36		$0.00	$0.00	
	PINE		18.02		$ 0.96		$17.34	$1.73	
	HEMLOCK		0.00		$ 2.77		$0.00	$0.00	
	BIOMASS CHIPS		0.00		$ 0.93		$0.00	$0.00	
	HIGH GRADE SPRUCE		0.00		$ 22.55		$0.00	$0.00	
	CORDWOOD			0.00		$ 10.00	$0.00	$0.00	
							$17.34	$1.73	

REV. 10.2012

ORIGINAL WARRANT
YIELD TAX LEVY
June 2, 2020
THE STATE OF NEW HAMPSHIRE

MERRIMACK COUNTY

TO: COLLECTORS NAME, Collector of Taxes for Town of CHICHESTER , in said county:

In the name of said State you are hereby directed to collect on or before thirty (30) days from date of bill from the person(s) named herewith committed to you, the Yield Tax set against their name(s), amounting in all to the sum of : **$1.73** , with interest at eighteen (18%) percent per annum from the due date and on all sums not paid on or before that day. We further order you to pay all monies collected to the treasurer of said town, or treasurer's designee as provided in RSA 41:29, VI, at least on a weekly basis, or daily when receipts exceed $1,500.00 or more often when directed by the Commissioner of Revenue Administration.

Given under our hands and seal at CHICHESTER

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

(Selectmen/assessor)

DATE SIGNED: June 2, 2020

NAME & ADDRESS	MAP & LOT	OPERATION #	YIELD TAX DUE
Matthew Doyon 0 113 Canterbury Road Chichester, NH 03258	3-110	19-089-11	$1.73

TAX DUE DATE: July 2, 2020 TOTAL YIELDTAX: $1.73

TIMBER CUT FOR INTENTS FILED DURING: April 1, 2019 to March 31, 2020

TOWN: CHICHESTER
COUNTY: MERRIMACK COUNTY
OWNER: Matthew Doyon
OWNER:
ADDRESS: 113 Canterbury Road
ADDRESS: Chichester, NH 03258

INTENT FILED DURING TAX YEAR: April 1, 2019 to March 31, 2020

ACCOUNT & SERIAL #: 1
MAP & LOT #: 3-110
OPERATION #: 19-089-11
DATE OF BILLING: June 2, 2020

SPECIES	LOW MBF	HIGH MBF			RANGE DIFFERENCE		RATING %	STUMPAGE VALUE *	# BOARD FEET IN THOUSANDS		
WHITE PINE	$80.00	$190.00			$110.00		0.17	$ 98.70	0.000		
HEMLOCK	$30.00	$80.00			$50.00		0.17	$ 38.50	0.000		
RED PINE	$25.00	$60.00			$35.00		0.17	$ 30.95	0.000		
SPRUCE & FIR	$80.00	$175.00			$95.00		0.17	$ 96.15	0.000		
HARD MAPLE	$155.00	$400.00			$245.00		0.17	$ 196.65	0.000		
WHITE BIRCH	$70.00	$150.00			$80.00		0.17	$ 83.60	0.000		
YELLOW BIRCH	$120.00	$300.00			$180.00		0.17	$ 150.60	0.000		
OAK	$200.00	$400.00			$200.00		0.17	$ 234.00	0.000		
ASH	$75.00	$220.00			$145.00		0.17	$ 99.65	0.000		
SOFT MAPLE	$75.00	$200.00			$125.00		0.17	$ 96.25	0.000		
BEECH/PALLET/TIE LOGS	$35.00	$115.00			$80.00		0.17	$ 48.60	0.000		
OTHERS:	$0.00	$0.00			$0.00		0.17	$ -	0.000		
OTHERS:	$0.00	$0.00			$0.00		0.17	$ -	0.000		
TONS & CORDS	**TONS LOW**	**TONS HIGH**	**CORDS LOW**	**CORDS HIGH**	**TONS**	**CORDS**	**RATING %**	**STUMPAGE VALUE TONS ***	**STUMPAGE VALUE CORDS ***	**#TONS**	**#CORDS**
SPRUCE & FIR	$0.75	$6.50			$5.75		0.17	$ 1.73		0.000	
HARDWOOD & ASPEN	$2.00	$10.00			$8.00		0.17	$ 3.36		0.000	
PINE	$0.75	$2.00			$1.25		0.17	$ 0.96		18.020	
HEMLOCK	$2.00	$6.50			$4.50		0.17	$ 2.77		0.000	
BIOMASS CHIPS	$0.50	$3.00			$2.50		0.17	$ 0.93		0.000	
HIGH GRADE SPRUCE	$20.00	$35.00			$15.00		0.17	$ 22.55		0.000	
CORD WOOD/FUELWOOD			$10.00	$30.00		$20.00	0.00		$ 10.00		0.000

*** STUMPAGE VALUE = % RATING X RANGE DIFFERENCE + LOW RANGE VALUE**

TOWN OF CHICHESTER

54 MAIN STREET

CHICHETSER, NH 03258
(603) 798-5350

Matthew Doyon
0
113 Canterbury Road
Chichester, NH 03258

YIELD TAX ON TIMBER CUT

TAX ACCOUNT & SERIAL I.D. NUMBER:	1
TAX MAP & LOT NUMBER:	3-110
YIELD TAX OPERATION NUMBER:	19-089-11
DATE OF YIELD TAX BILL:	6/2/2020
AMOUNT COMMITTED TO ME FOR COLLECTION PER RSA 79:	**$1.73**

*** * * 18% APR INTEREST WILL BE CHARGED AFTER 7/2/2020 ON UNPAID TAXES * * ***

APPEAL: an owner may, within 90 days of notice of the tax, appeal to the assessing officials in writing for an abatement from the original assessment, but no owner shall be entitled to an abatement unless he has complied with the provisions of RSA 79:10 and 11. (RSA 79:8)

TAX OFFICE HOURS: MONDAY 9-12 & 7-8:30, WEDS & FRIDAY 9-4, THURSDAY 9-12
THURSDAY EVENING: 7-8:30

Sincerely,

EVELYN PIKE
Tax Collector

Town of Chichester

Office of the Selectmen

54 Main Street
Chichester, New Hampshire 03258
(603) 798-5350 Fax (603) 798-3170
www.chichesternh.org

Selectmen
Richard Bouchard, Chairman
Edward Millette
Jason Weir

Administration
Jodi Pinard, Town Administrator
Kristy Willey, Administrative Assistant

June 2, 2020

Tax Department Nancy
Cadwallader Eversource Energy
P.O. Box 270
Hartford, CT 06141

Dear Ms. Cadwallader,

Per our Assessor, we are requesting a detail asset report for all transmission assets located in our municipality. Please include FERC code, year put in service, asset description, as well as original cost.

Please provide this information to our Assessor by August 1, 2020 in order for proper valuation of assets for the tax year 2020 to the following address: Avitar Associates, P.O. Box 981 Epsom, NH 03234.

If you have any questions regarding this request, please contact our Assessor's office at 603-798- 4419 and ask for Michelle Twombly or Gary Roberge.

Your assistance is appreciated.

Sincerely,

_____
Richard Bouchard, Chair

_____
Edward Millette

_____
Jason Weir

Avitar Associates of New England, Inc.
A Municipal Services Company

May 12, 2020

Assessing Clients

Re: PSNH Request for Information

Dear Board Members:

Attached please find a draft letter that I would like you to send on your letterhead to PSNH signed by the Board of Selectmen. This information is being requested in order to complete utility values for 2020. Please email this request to nancy.cadwallader@eversource.com as soon as possible. If you do not have the ability to email the request, please mail to the address on the attached letter.

If you have questions or concerns, please do not hesitate to contact me at gary@avitarassociates.com or Michelle Twombly at michelle@avitarassociates.com or call 798-4419.

Sincerely,

Gary J. Roberge

Gary J. Roberge, Sr. Assessor
Avitar Associates

GJR/sjc
Enclosure