	1. Do you continue to engage in a business activity approved by the Department of Economic Development as qualifying for a property tax exemption? YES NO					
Ì	2. Briefly describe the nature of this business activity.					
-	3. Has any machinery or equipment listed on your'Declaration of Machinery and Equipment'(Form M-47) been removed from the facility					
	between October 2nd of last year and October 1 st of this year? YES NO					
ŀ	3a. If yes, complete the following. Item # is that number listed on the 'Itemized Description of Machinery and Equipment' on your Declaration					
	(Form M-47) as originally filed with and certified by the Department of Economic Development. Attach additional sheet(s) if necessary					
	ITEM#	DESCRIPTION OF PROPERTY		DISPOSAL DATE N		ME AND ADDRESS OF TRANSFEREE
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RT.						
PROPERTY	4. Has any machinery or equipment from your 'Future Acquisition Only list (Form M-47) been acquired and installed between October 2nd of					
쳁	last year and October 1st of this year? YES NO 4a. If yes, complete the following: See explanation for Item # in 3a. Items not approved for this exemption by the Department of Economic					
3	the cost of freight and installation.					
Ó	ITEM#	DESCRIPTION OF PROPERTY		ACQUISITION DATE	Е	COST (Including Freight and Installation)
ERS						
SECTION III PERSONAL						
EC						
S						
ŀ	5 I raquast	that the east information submitted herein he k	ant "confident	tial." YES 🔲 NO		
ŀ	5. I request that the cost information submitted herein be kept "confidential." YES NO 6. Is any of the machinery and equipment claimed above being claimed for an exemption under any other program? YES NO					
	o. is any of the machinery and equipment claimed above being claimed for an exemption under any other program? YES \(\sigma\) NO \(\sigma\)					
I certify that I am a beneficiary under the above noted eligibility certificate as issued by the Connecticut Department of Economic Develop I hereby apply for a continuation of the property tax exemption for which I am eligible in accordance with Section(s) 12-81(59), (60) and/or (7 of the Connecticut General Statutes. I further declare that I am authorized to file this form on behalf of the above named company and the information contained herein is true and complete to the best of my knowledge and belief This form is prescribed by the Office of Policy Management and must be signed and returned to the Assessor by November 1st. Failure to do so will result in the loss of the exemption.						Section(s) 12-81(59), (60) and/or (70) the above named company and that the prescribed by the Office of Policy and
<i>σ</i> 1 ¬				(signature)		(Date Signed)
FOR ASSESSOR'S USE ONLY						
ASSESSOR CERTIFICATION	I CERTIFY THAT THIS PRESCRIBED FORM WAS FILED WITH THE ASSESSOR'S OFFICE PURSUANT TO SECTIONS(S) 12-81(59), (60) AND/OR (70) AND THAT A CONTINUATION OF THE DISTRESSED MUNICIPALITY EXEMPTION IS HEREBY GRANTED TO THE ABOVE NAMED COMPANY FOR THE GRAND LIST OF 20					
CE		(Signature)		(Title)		(Date)

CCMA Cenification #_____ Was filing extension granted? YES _____ NO ____
EXEMPTION WILL NOT BE GRANTED UNLESS THIS FORM IS FILED WITH THE ASSESSOR ON OR BEFORE NOVEMBER 1ST
ANNUALLY AS PRESCRIBED BY SECTION 12-81 (59),(60) AND (70) OF THE CONNECTICUT GENERAL STATUTES, AS AMENDED.