

STATE OF CONNECTICUT  
OFFICE OF POLICY AND MANAGEMENT

FORM M-55 Rev.6/08

DISTRESSED MUNICIPALITIES-URBAN JOBS PROGRAM  
ANNUAL RENEWAL CERTIFICATE

This form must be filed with the **municipal assessor** by November 1st annually. If either the occupant of the facility, the owner of the facility, or the owner of the machinery and equipment are different, a separate form must be filed by each.

**FAILURE TO FILE THIS FORM EACH YEAR BY NOVEMBER 1ST WITH THE MUNICIPAL ASSESSOR, SHALL UNDER THE PROVISIONS OF SECTION 12-81 (59), (60) AND (70) OF THE CONNECTICUT GENERAL STATUTES, CONSTITUTE A WAIVER OF THE EXEMPTION FOR THE ASSESSMENT YEAR.**

**INSTRUCTIONS**

1. Print or type only. If you attach an additional sheet(s); clearly label section and question numbers.
2. If the owners of the manufacturing facility, real estate and/or personal property are different, a separate form M-55 must be filed by each. All of the above certificate holders must complete Section I and IV.

|  |  |  |   |                       |
|--|--|--|---|-----------------------|
| <b>SECTION I</b>   | 1. COMPANY NAME (Name of Certificate Holder)               |  | 2. CERTIFICATE NO                               | 3. DATE ISSUED<br>/ / |
|  | 4. PROPERTY LOCATION (No., Street and City or Town)        |  | 4a. MAILING ADDRESS (only if Different From 4.) |                       |
|  | 5. NAME OF PERSON RESPONSIBLE FOR INFORMATION ON THIS FORM |  | 6. TITLE  | 7. TEL. NO.           |
|  | 8. AS CERTIFICATE HOLDER, I AM-                            |  |   |                       |
| <input type="checkbox"/> Both owner and occupant of the facility (if so, complete Sections II and III).<br><input type="checkbox"/> Owner of the Facility (if so, complete Section II and skip Section III).<br><input type="checkbox"/> Occupant of the facility (if so, skip Section II but complete Section III).<br><input type="checkbox"/> Owner of the machinery and equipment leased to the facility occupant (if so, skip Section II but complete Section III). |  |  |   |                       |

|                                 |   |                       |   |
|---------------------------------|---|-----------------------|---|
| <b>SECTION II REAL PROPERTY</b> | 1. Does this property continue to be engaged in a business activity approved by the Department of Economic Development as qualifying for a Property Tax Exemption? YES <input type="checkbox"/> NO <input type="checkbox"/> |                       |   |
|                                 | 2. Briefly describe the nature of this business activity.   |                       |   |
|                                 | 3. Has the building covered by this certificate undergone any structural change(s) between October 2nd of last year and October 1st of this year? YES <input type="checkbox"/> NO <input type="checkbox"/>                  |                       | 3a. Completion date:<br>Month:      Year: |
|                                 | 3b. Specify type of structural change(s).   |                       | 3c. Total Cost<br>\$                      |
|                                 | 4. List the following: Name of Tenant   | Sq. Ft. Area Occupied | Ending Date of Lease                      |
|                                 |   |                       |   |
|                                 |   |                       |   |
|                                 |   |                       |   |