

**ASSESSOR'S CLAIM FOR REIMBURSEMENT OF REVENUE LOSS AS A RESULT OF  
PROPERTY TAX EXEMPTIONS GRANTED TO ELIGIBLE MANUFACTURING FACILITIES**

***RETURN ON OR BEFORE AUGUST 1st TO THE***

STATE OF CONNECTICUT  
OFFICE OF POLICY AND MANAGEMENT  
INTERGOVERNMENTAL POLICY DIVISION  
450 CAPITOL AVENUE - MS#54 GSU, HARTFORD, CT 06106-1379

**PENALTY OF \$250 FOR FAILURE TO FILE BY AUGUST 1st**

MUNICIPALITY: \_\_\_\_\_ TOTAL NUMBER OF CONTINUATION PAGES ATTACHED: \_\_\_\_\_

GRAND LIST MILL RATE(S): \_\_\_\_\_ GRAND LIST YEAR: \_\_\_\_\_

TOTAL NUMBER OF NEW CERTIFICATE HOLDERS: \_\_\_\_\_

TOTAL NUMBER OF FORMS M-55 SUBMITTED: \_\_\_\_\_

TOTAL NUMBER OF EXEMPTIONS GRANTED: \_\_\_\_\_

TOTAL REIMBURSEMENT REQUESTED FOR REAL PROPERTY: \$ \_\_\_\_\_

TOTAL REIMBURSEMENT REQUESTED FOR PERSONAL PROPERTY: \$ \_\_\_\_\_

GRAND TOTAL (all pages): \_\_\_\_\_ \$ \_\_\_\_\_

ASSESSOR'S CERTIFICATION: I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE LISTING OF THE REVENUE LOSS SUSTAINED BY THE ABOVE NAMED MUNICIPALITY AS A RESULT OF DISTRESSED MUNICIPALITY EXEMPTIONS GRANTED TO ELIGIBLE MANUFACTURING FACILITIES ON THE GRAND LIST IN ACCORDANCE WITH SECTIONS 12-81 (59),(60) AND (70).

SIGNATURE AND TITLE: \_\_\_\_\_ CCMA CERTIFICATION # \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OPM USE ONLY**

CLAIM ACCEPTED: \_\_\_\_\_ MODIFIED TO: \_\_\_\_\_ REASON: \_\_\_\_\_

OFFICE AUDIT: \_\_\_\_\_ DATE: \_\_\_\_\_ FIELD AUDIT: \_\_\_\_\_ DATE: \_\_\_\_\_

AUDITED BY: \_\_\_\_\_ REMARKS: \_\_\_\_\_