**FORM M-55** Rev. 6/08

## STATE OF CONNECTICUT OFFICE OF POLICY AND MANAGEMENT

## 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.

SECTI	ONI											
	COMPANY NAME (Name of Certificate Holder)		2. CERTIFICATE NO		3. DATE ISSUED / /							
	4. PROPERTY LOCATION (No., Street and City or Town)	only if Diffe	if Different From 4.)									
	5. NAME OF PERSON RESPONSIBLE FOR INFORMATION ON THIS FO	PERSON RESPONSIBLE FOR INFORMATION ON THIS FORM			7. TEL. NO.							
	8. AS CERTIFICATE HOLDER, I AM:  Both owner and occupant of the facility (if so, complete Sections II and III).  Owner of the Facility (if so, complete Section II and skip Section III).  Occupant of the facility (if so, skip Section II but complete Section III).  Owner of the machinery and equipment leased to the facility occupant (if so, skip Section II but complete Section III).											
SECTI	ON II REAL PROPERTY											
	Does this property continue to be engaged in a business activity approved by the Department of Economic Development as qualifying Property Tax Exemption? YES NO      NO      Briefly describe the nature of this business activity.											
	·	<u> </u>										
	3. Has the building covered by this certificate undergone any structural chang between October 2nd of last year and October 1st of this year? YES	3a. Completion date:  Month: Year:										
	3b. Specify type of structural change(s).		3c. Total Cost									
	4. List the following: Name of Tenant		Sq. Ft. Area Occupied	l	Ending Date of Lease							

	continue to engage in a business activity approvon? YES \( \simes \) NO \( \simes \)	ed by the Dep	partment of Economic	Devel	opment as qualifying for a property	tax
	escribe the nature of this business activity.					
between (	nachinery or equipment listed on your 'Declarat October 2nd of last year and October 1st of this	year? YE	S NO D		-	
	omplete the following. Item # is that number list (-47) as originally filed with and certified by the					
ITEM #	DESCRIPTION OF PROPERTY		ISPOSAL DATE		AME AND ADDRESS OF TRANSF	•
4 11	To a second		L' . (E M. 47) l			1.6
	machinery or equipment from your 'Future Acquand October 1st of this year YES \(\simega\) NO	isition Only	list (Form M-4/) been	n acqui	ired and installed between October 2	nd of
	implete the following: See explanation for Item nent are <b>not</b> to be included. Attach additional sl					
the cost of	f freight and installation.					
ITEM #	DESCRIPTION OF PROPERTY		ACQUISITION DA	TE	COST (Including Freight and Insta	ıllation)
. T						
	that the cost information submitted herein be ke the machinery and equipment claimed above be			any o	ther program? YES NO	
TION IV AFFI	DAVIT		*	•		
I hereby appl of the Conne information of	I am a beneficiary under the above noted eligibly for a continuation of the property tax exempting tricular that I accontained herein is true and complete to the best and must be signed and returned to the Assessor e exemption.	ion for which am authorized t of my knowl	I am eligible in accord to file this form on be ledge and belief. This	dance vehalf of form i	with Section(s) 12-81(59), (60) and/of the above named company and that is prescribed by the Office of Policy	or (70) t the
			(Signature)		(Date Signed)	
ESSOR CERT	IFICATION					
<u>Lobort CLITT</u>		R ASSESSOI	R'S USE ONLY			
(60) AND/O	THAT THIS PRESCRIBED FORM WAS FILE R (70) AND THAT A CONTINUATION OF T E NAMED COMPANY FOR THE GRAND LI	HE DISTRES	SSED MUNICIPALIT			
	(Signature)				(Date)	

CCMA Certification #\_\_\_\_\_\_ 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.