**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.

SECTION I											
	COMPANY NAME (Name of Certificate Holder)		2. CERTIFICATE NO		3. DATE ISSUED						
4. PROP	ERTY LOCATION (No., Street and City or Town)	4a. MA	AILING ADDRESS (d	only if Diff	erent From 4.)						
5. NAME	E OF PERSON RESPONSIBLE FOR INFORMATION ON THIS I	FORM	6. TITLE		7. TEL. NO.						
8. AS CE	ERTIFICATE HOLDER, I AM:										
Owne	owner and occupant of the facility (if so, complete Sections II and er of the Facility (if so, complete Section II and skip Section III). Inpant of the facility (if so, skip Section II but complete Section III). er of the machinery and equipment leased to the facility occupant (i		ection II but complet	e Section I	II).						
	EAL PROPERTY										
Prope	<ol> <li>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?</li> <li>YES \( \subseteq \) NO \( \subseteq \)</li> </ol>										
2 Brief	ly describe the nature of this business activity.										
betwe	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 NO			3a. Comp Mo							
_	ify type of structural change(s).			3c. Total Cost \$							
4. List th	ne following: Name of Tenant	S	Sq. Ft. Area Occupied	[	Ending Date of Lease						

EC]	1. Do you	SONAL PROPERTY continue to engage in a business activity appro	oved by the Dep	partment of Economic	Develo	opment as qualifying for a property tax	
	2. Briefly o	on? YES NO NO lescribe the nature of this business activity.					
		machinery or equipment listed on your 'Declar October 2nd of last year and October 1st of the		nery and Equipment' (F	Form N	1-47) been removed from the facility	
	3a. If yes, c	omplete the following. Item # is that number I-47) as originally filed with and certified by the	listed on the 'Ite	emized Description of N	Machin	nery and Equipment' on your Declaration	Į
	ITEM #	DESCRIPTION OF PROPERTY		ISPOSAL DATE		ME AND ADDRESS OF TRANSFERE	E
	4 Has any	machinery or equipment from your 'Future Ac	ranisition Only'	list (Form M-47) been	acqui	red and installed between October 2nd o	
	last year	and October 1st of this year YES \( \square\)	√O □.		-		
	Develop	omplete the following: See explanation for Ite ment are <b>not</b> to be included. Attach additional of freight and installation.					3
	ITEM#	DESCRIPTION OF PROPERTY		ACQUISITION DAT	ГЕ	COST (Including Freight and Installati	on)
	5 I	41-441		al." YES 🗆 NO	$\overline{\Box}$		
		that the cost information submitted herein be I the machinery and equipment claimed above I				her program? YES NO	
EC7	TION IV AFF	IDAVIT		•			
	I hereby app of the Conne	I am a beneficiary under the above noted elig oly for a continuation of the property tax exem- ecticut General Statutes. I further declare that contained herein is true and complete to the be	ption for which I am authorized	I am eligible in accord to file this form on be	lance v half o	with Section(s) 12-81(59), (60) and/or (76) f the above named company and that the	
	Managemen	t and must be signed and returned to the Assesse exemption.					
				(Signature)		(Date Signed)	
122	ESSOR CERT	TEICATION					
.551	LISSON CLRT		OR ASSESSOI	R'S USE ONLY			
	(60) AND/C	THAT THIS PRESCRIBED FORM WAS FII OR (70) AND THAT A CONTINUATION OF TE NAMED COMPANY FOR THE GRAND I	THE DISTRES				,
		(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.