

CERTIFIED REVALUATION COMPANY ANNUAL REPORT 2022



Company Information

Name of Company:			
Business Address:	Street	City, State	Zip Code + 4
Business Telephone Number	Personal Phone Number:		
E-Mail Address:			
Web Site Address:			
Type of Certification:	Real Property	Personal Property	Both

Compliance Information

In the last year has your company been: a) the subject of a criminal investigation or proceeding at either the Federal or State level; b) the subject of a complaint to the Office of Policy and Management or the Connecticut Association of Assessing Officers; c) subjected to any disciplinary proceedings; d) refused certification or had its certification suspended or revoked; e) formally reprimanded; f) under investigation g) have had any municipality formally complain or file suit against your company? Yes No

What was the outcome, and are any actions listed above pending? Please attach details and any explanation.

Are you aware of any acts or omissions which could lead to any of the actions listed above? Yes No

(Attach additional sheets if necessary)

Completed Revaluations for Prior Year

Complete the following for each revaluation performed in the State of Connecticut for Grand List year October 1, 2022.

Municipality	# of Parcels	Cost/ Parcel	Total Cost	Type Real/Personal/Both:	Physical or Update? Select One
				Real Personal Both	
				Real Personal Both	
				Real Personal Both	
				Real Personal Both	
				Real Personal Both	
				Real Personal Both	
				Real Personal Both	

(Attach additional sheet(s) if necessary)

Revaluations for Current Year

Please complete the following for each municipality that your company has presently under contract or for each revaluation to be completed for October 1, 2023.

Municipality	# of Parcels	Cost/ Parcel	Total Cost	Type Real/Personal/Both:	Physical or Update? Select One:
				Real Personal Both	
				Real Personal Both	
				Real Personal Both	
				Real Personal Both	
				Real Personal Both	
				Real Personal Both	
				Real Personal Both	

(Attach additional sheet(s) if necessary)

Listing of Certified Revaluation Employees

Give the name of each employee certified by the State of Connecticut, the date their certification expires, and the type of Certification(s) they possess.

Employee Name	Land/ Residential	Commercial/ Industrial	Personal Property	Supervisor	Certification Expiration Date

(Attach additional sheet(s) if necessary.)

I, the duly authorized member of the partnership or officer of the corporation or company on behalf of which the above report is made, being duly sworn according to law, depose and say that the answers set forth above are true to the best of my knowledge and belief.

Signature **X** _____ Title _____

Print Name _____ Date _____

Sworn and subscribed to before me at:

State of _____, City/Town/County of _____. This _____ day of _____, 20__.

Notary Public

My Commission Expires: _____

**SUBMIT ELECTRONICALLY TO THE OFFICE OF POLICY AND MANAGEMENT
NO LATER THAN MARCH 1, 2023
Jennifer.Gauthier@ct.gov**