

Certification of Municipal Option – Alternative Motor Vehicle Depreciation Schedule

Municipality / Borough _____

District (if applicable) _____

Chief Executive Officer Name _____

Chief Executive Officer Title _____

Phone Number _____

E-mail Address _____

Legislative Body Vote

Date of Legislative Body Vote _____

Motor Vehicle Information

Change effective with Grand List Year October 1, _____

Percentage of Total Net Motor Vehicle Grand List Assessment _____ %

Pursuant to Subdivision (7) of subsection (b) of Section 12-63 of the general statutes:

(A) Total Net Motor Vehicle List at 85% start Depreciation Schedule _____

(B) Total Net Motor Vehicle List at 90% start Depreciation Schedule _____

Certification

1. I am the Chief Executive Officer for the Municipality/Borough/District and have authority to execute this certification on behalf of the Municipality/Borough/District;
2. The Municipality/Borough/District will comply with the provisions outline in Sections 2 and 3 of Public Act 25-2; and
3. The information provided is true, accurate and complete.

CEO SIGNATURE: _____ **DATE:** _____**RETURN PDF COPY WITHIN 14 DAYS OF LEGISLATIVE BODY VOTE TO OPMIGPP@CT.GOV**