FORM M-55 Rev. 1/2024

3. DATE ISSUED

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

2. CERTIFICATE NO

1. Print or type only. If you attach an additional sheet(s); clearly label section and question numbers.

SECTION I

1. COMPANY NAME (Name of Certificate Holder)

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.

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4. PROPERTY LOCATION (No., Street and City or Town)	4a. MAII	LING ADDRESS (or	aly if Different From 4.)
5. NAME OF PERSON RESPONSIBLE FOR INFORMATION ON TH	HIS FORM	6. TITLE	7. TEL. NO.
8. AS CERTIFICATE HOLDER, I AM:			
Both owner and occupant of the facility (if so, complete Sections II 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 II	I). III).		
Owner of the machinery and equipment leased to the facility occupa	ant (if so, skip Sec	tion II but complete	Section III).
1. Does this property continue to be engaged in a business activity approperty Tax Exemption? YES NO	oved by the Depar	tment of Economic I	Development as qualifying for a
Briefly describe the nature of this business activity.			
3. Has the building covered by this certificate undergone any structural between October 2nd of last year and October 1st of this year? Y	. Completion date: Month: Year:		
3b. Specify type of structural change(s).			3c. Total Cost \$
4. List the following: Name of Tenant	Sq. I	Ft. Area Occupied	Ending Date of Lease

	I PERSONAL PROPERTY						
1. Do you exempt	<u>~</u> —	ctivity approved by the Do	epartment of Economic I	Development as qualifying for a prope	erty tax		
	lescribe the nature of this business	activity.					
				orm M-47) been removed from the fa	cility		
3a. If yes, c		nat number listed on the 'I		fachinery and Equipment' on your De			
				ent. Attach additional sheet(s) if nec			
ITEM#	DESCRIPTION OF P	ROPERTY	DISPOSAL DATE	NAME AND ADDRESS OF TRA	NSFEREE		
		r 'Future Acquisition Only ES □ NO □.	y' list (Form M-47) been	acquired and installed between Octob	per 2nd of		
			ms not approved for this	exemption by the Department of Eco	nomic		
Developi				ch copy of corresponding invoice(s),			
ITEM#	DESCRIPTION OF P	ROPERTY	ACQUISITION DAT	E COST (Including Freight and	Installation		
	that the cost information submitted						
6. Is any of	the machinery and equipment claim	med above being claimed	for an exemption under a	any other program? YES \(\bigcup \) NC	<u>) </u>		
	AFFIDAVIT						
				ecticut Department of Economic Dev			
I hereby apply for a continuation of the property tax exemption for which I am eligible in accordance with Section(s) 12-81(59), (60) and/or (70) of the Connecticut General Statutes. I further declare that I am authorized to file this form on behalf of the above named company and that the							
information contained herein is true and complete to the best of my knowledge and belief. This form is prescribed by the Office of Policy and Management and must be signed and returned to the Assessor by November 1st. Failure to do so will result in the loss of the exemption.							
171MIMgenien	o una muse se signea una recumea				J.1.		
			Signature	Date Signed			
ASSESSOR	CERTIFICATION	FOR ASSESSO	R'S USE ONLY				
		101111002000	110 002 01121				
				CE PURSUANT TO SECTIONS(S) 1			
	E NAMED COMPANY FOR TH		ESSED MUNICIPALITY	Y EXEMPTION IS HEREBY GRAN	TED TO		
Signature		Title	e	Date			
2.51141410		1111		2 410			
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.