

# CERTIFIED REVALUATION COMPANY ANNUAL REPORT 2023



## Company Information

Name of Company:			
Business Address:	City/Town:	State:	Zip:
Business Phone:		Alternate Phone:	
Company Contact:		E-Mail Address:	
Website 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 or, g) have had any municipality formally complain or file suit against your company? Yes      No

If yes, what was the outcome, and are any actions listed above pending? 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

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*(Attach additional sheets if necessary)*

**Completed Revaluations for 2023**

List each revaluation performed in the State of Connecticut for the October 1, 2023 Grand List.

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

**Contracted Revaluations for 2024**

List each revaluation under contract in the State of Connecticut for the October 1, 2024 Grand List.

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

List the name of each employee certified by the State of Connecticut as a Revaluation Employee, their Certificate Number, Certification Expiration date and the type of Certification(s) they hold.

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

(Attach additional sheet(s) if necessary.)

Pursuant to Section 12-2b-4 of the Regulations of the State of Connecticut, I submit this Annual Report on behalf of the aforementioned company. Whereas I serve as an authorized agent for this company, I duly swear, according to law, that the information provided above is accurate and true to the best of my knowledge and belief.

Signature **X** \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Send completed Annual Report no later than March 1, 2024 electronically to [Jennifer.Gauthier@ct.gov](mailto:Jennifer.Gauthier@ct.gov)**