CERTIFIED REVALUATION COMPANY
ANNUAL REPORT
2026

CONNECTICUT
Policy and Management

Company Information	
Company Name:	
If the Company has a physical presence in Connecticut, please provide a current physical office address:	
If the Company does not have a physical presence in Connecticut, please provide office address for the Business's Main Office:	
Mailing Address (If Different):	
Company Contact Name and Title:	
Business Phone Number:	Personal Phone Number:
E-Mail Address:	Website Address:

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 explanation.

Are you aware of any acts or omissions which could lead to any of the actions listed above?

☐ Yes ☐ No

Completed Revaluations for October 1, 2026 Grand List

List each revaluation performed in the State of Connecticut. *(Attach additional sheets if necessary)*

	Municipality	Number of Parcels	Total Cost	Cost Per Parcel	Type: Real/Personal/Both		
1					Real	Personal	Both
2					Real	Personal	Both
3					Real	Personal	Both
4					Real	Personal	Both
5					Real	Personal	Both

Revaluations Under Contract for October 1, 2027 Grand List

List each revaluation that your company presently has under contract in the State of Connecticut.
(Attach additional sheets if necessary)

	Municipality	Number of Parcels	Total Cost	Cost Per Parcel	Type: Real/Personal/Both		
1					Real	Personal	Both
2					Real	Personal	Both
3					Real	Personal	Both
4					Real	Personal	Both
5					Real	Personal	Both

Listing of Certified Revaluation Employees

List the names of each employee that holds a Revaluation Certification from the State of Connecticut and indicate the type(s) of Certification they possess.

(Attach additional sheets if necessary)

	Employee Name	Certificate #	Residential/ Land	Commercial/ Industrial	Personal Property	Supervisor
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Pursuant to Section 12-2b-4 of the Regulations of Connecticut State Agencies, I submit this Annual Report on behalf of the 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 _____ Title _____

Printed Name _____ Date _____

Submit completed application on or before March 1, 2027 to

OPMIGPP@CT.GOV