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.

4. PROPERTY LOCATION (No., Street and City or Town)	4a. MAILING A	ADDRESS (only	if Different From 4.)
5. NAME OF PERSON RESPONSIBLE FOR INFORMATION ON	THIS FORM 6. TIT	LE	7. TEL. NO.
8. AS CERTIFICATE HOLDER, I AM:			
Both owner and occupant of the facility (if so, complete Sections  Owner of the Facility (if so, complete Section II and skip Section  Occupant of the facility (if so, skip Section II but complete Section	III). on III).	1. 4 1.4. (0	dies III)
Owner of the machinery and equipment leased to the facility occu	ipant (If so, skip Section II	but complete Sec	etion III).
1. Does this property continue to be engaged in a business activity approperty Tax Exemption? YES NO  2 Briefly describe the nature of this business activity.	proved by the Department	of Economic Dev	relopment as qualifying for a
Has the building covered by this certificate undergone any structural		3a. (	Completion date:
between October 2nd of last year and October 1st of this year?  3b. Specify type of structural change(s).	YES NO NO		Month: Year:  3c. Total Cost \$
4. List the following: Name of Tenant	Sq. Ft. Are	a Occupied	Ending Date of Lease

SECTION II	I PERSONAL PROPERTY				
1. Do you exempti	continue to engage in a business action? YES NO	vity approved by the De	epartment of Economic D	evelopment as qualifying for a prope	erty tax
	lescribe the nature of this business ac	tivity.			
	machinery or equipment listed on you			rm M-47) been removed from the fa	cility
	October 2nd of last year and October omplete the following. Item # is that		ES U NO U temized Description of M	achinery and Equipment' on your De	eclaration
	I-47) as originally filed with and cert	ified by the Department	of Economic Developme	ent. Attach additional sheet(s) if nec	essary
ITEM#	DESCRIPTION OF PRO	OPERTY	DISPOSAL DATE	NAME AND ADDRESS OF TRA	NSFEREE
	machinery or equipment from your 'l and October 1st of this year YES		v' list (Form M-47) been a	equired and installed between Octob	per 2nd of
	omplete the following: See explanation		ms not approved for this	exemption by the Department of Eco	nomic
	ment are <b>not</b> to be included. Attach a of freight and installation.	dditional sheet(s) if neo	essary. <u>Important:</u> Attac	th copy of corresponding invoice(s),	including
ITEM #	DESCRIPTION OF PRO	OPERTY	ACQUISITION DAT	E COST (Including Freight and	Installation
	that the cost information submitted h				
6. Is any of	the machinery and equipment claime	d above being claimed	for an exemption under a	ny other program? YES NC	) 🗌
SECTION IV	AFFIDAVIT				
I certify that	I am a beneficiary under the above r				
	ly for a continuation of the property ecticut General Statutes. I further dec				
information	contained herein is true and complete	e to the best of my know	vledge and belief. This fo	orm is prescribed by the Office of Po	olicy and
Managemen	t and must be signed and returned to	the Assessor by Novem	ber 1st. Failure to do so	will result in the loss of the exemption	on.
			Signature	Date Signed	
			Signature	Date Signed	
ACCECCODA	CEDTIFICATION				
ASSESSUR	CERTIFICATION	FOR ASSESSO	R'S USE ONLY		
	THAT THIS PRESCRIBED FORM				
	OR (70) AND THAT A CONTINUATE NAMED COMPANY FOR THE (		ESSED MUNICIPALITY	EXEMPTION IS HEREBY GRAN	TED TO
111211201			·		
Signature		Title	2	Date	
	SMA Continue	<b>33</b> 7 - 59	in - E-4-11 10 2	VEC D NO D	
CC	CMA Certification #	Was Fil	ing Extension granted?	TES   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.