

STATE OF CONNECTICUT  
OFFICE OF POLICY AND MANAGEMENT

FORM M-55 Rev.6/08

**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**

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

<b>SECTION I</b>	1. COMPANY NAME (Name of Certificate Holder)		2. CERTIFICATE NO	3. DATE ISSUED / /
	4. PROPERTY LOCATION (No., Street and City or Town)		4a. MAILING ADDRESS (only if Different From 4.)	
	5. NAME OF PERSON RESPONSIBLE FOR INFORMATION ON THIS FORM		6. TITLE	7. TEL. NO.
	8. AS CERTIFICATE HOLDER, I AM-			
	<input type="checkbox"/> Both owner and occupant of the facility (if so, complete Sections II and III). <input type="checkbox"/> Owner of the Facility (if so, complete Section II and skip Section III). <input type="checkbox"/> Occupant of the facility (if so, skip Section II but complete Section III). <input type="checkbox"/> Owner of the machinery and equipment leased to the facility occupant (if so, skip Section II but complete Section III).			

<b>SECTION II REAL PROPERTY</b>	1. Does this property continue to be engaged in a business activity approved by the Department of Economic Development as qualifying for a Property Tax Exemption? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	2. Briefly describe the nature of this business activity.		
	3. Has the building covered by this certificate undergone any structural change(s) between October 2nd of last year and October 1st of this year? YES <input type="checkbox"/> NO <input type="checkbox"/>		3a. Completion date: Month:      Year:
	3b. Specify type of structural change(s).		3c. Total Cost \$
	4. List the following: Name of Tenant	Sq. Ft. Area Occupied	Ending Date of Lease

SECTION III PERSONAL PROPERTY	1. Do you continue to engage in a business activity approved by the Department of Economic Development as qualifying for a property tax exemption? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	2. Briefly describe the nature of this business activity.			
	3. Has any machinery or equipment listed on your 'Declaration of Machinery and Equipment'(Form M-47) been removed from the facility between October 2nd of last year and October 1 st of this year? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	3a. If yes, complete the following. Item # is that number listed on the 'Itemized Description of Machinery and Equipment' on your Declaration (Form M-47) as originally filed with and certified by the Department of Economic Development. Attach additional sheet(s) if necessary			
	ITEM #	DESCRIPTION OF PROPERTY	DISPOSAL DATE	NAME AND ADDRESS OF TRANSFEREE
4. Has any machinery or equipment from your 'Future Acquisition Only list (Form M-47) been acquired and installed between October 2nd of last year and October 1st of this year? YES <input type="checkbox"/> NO <input type="checkbox"/>				
4a. If yes, complete the following: See explanation for Item # in 3a. Items not approved for this exemption by the Department of Economic Development are not to be included. Attach additional sheet(s) if necessary. <u>Important:</u> Attach copy of corresponding invoice(s), including the cost of freight and installation.				
ITEM #	DESCRIPTION OF PROPERTY	ACQUISITION DATE	COST (Including Freight and Installation)	
5. I request that the cost information submitted herein be kept "confidential." YES <input type="checkbox"/> NO <input type="checkbox"/>				
6. Is any of the machinery and equipment claimed above being claimed for an exemption under any other program? YES <input type="checkbox"/> NO <input type="checkbox"/>				

SECTION IV AFFIDAVIT	I certify that I am a beneficiary under the above noted eligibility certificate as issued by the Connecticut Department of Economic Development. 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..	
	_____	_____
	(signature)	(Date Signed)

ASSESSOR CERTIFICATION	FOR ASSESSOR'S USE ONLY		
	I CERTIFY THAT THIS PRESCRIBED FORM WAS FILED WITH THE ASSESSOR'S OFFICE PURSUANT TO SECTIONS(S) 12-81(59), (60) AND/OR (70) AND THAT A CONTINUATION OF THE DISTRESSED MUNICIPALITY EXEMPTION IS HEREBY GRANTED TO THE ABOVE NAMED COMPANY FOR THE GRAND LIST OF 20 ____		
	_____	_____	_____
	(Signature)	(Title)	(Date)

CCMA Cenification # \_\_\_\_\_ 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.**