

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 NO

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 1st of this year? YES NO

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 NO .

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. Important: 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 NO

6. Is any of the machinery and equipment claimed above being claimed for an exemption under any other program? YES NO

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 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.