



**COMMERCIAL / INDUSTRIAL INSTALLATION PROPERTY TAX EXEMPTION APPLICATION
PURSUANT TO CGS 12-81 (57) Subdivisions (B) (C) (D) (F) or Sections (62) or (63)
Form M-44a**

Please complete the information below and provide additional documentation as necessary.
A SEPARATE APPLICATION MUST BE Completed for Fuel Cell installations (see attached)

1. LEGAL OWNER: (If applicant from Page 1 is not the system owner, identify the owner by name and address)

2. ENERGY SYSTEM INFORMATION FORMAT TO BE PROVIDED BY APPLICANT:

PROPERTY LOCATION	INSTALL DATE (MM/DD/YY)	TOTAL COST (TO INCL. INSTALL & ELECTRICAL)	SYSTEM SIZE (IN KW)	WHICH SUBSECTION OF CGS 12-81 IS EXEMPTION BEING CLAIMED UNDER? (SEE MAIN APPLICATION FOR STATUTE REFERENCES)	ASSESSOR'S USE: DO THESE ENERGY SYSTEMS MEET THE STANDARD FOR EXEMPTION AS ESTABLISHED BY CGS 12-81(57) or (62) or (63)?
					<input type="checkbox"/> ASSESSOR APPROVED <input type="checkbox"/> ASSESSOR DENIED

IMPORTANT: SEE DETAILED DESCRIPTION REQUIREMENT OF THE ENERGY SYSTEM FOR WHICH THIS EXEMPTION APPLICATION APPLIES. IF THE CLASS I EQUIPMENT IS USED FOR COMMERCIAL &/OR INDUSTRIAL PURPOSES, THE FOLLOWING INFORMATION MUST BE PROVIDED:

- 1.) Nameplate capacity of such Class I source system (i.e.: kWh produced per year)
- 2.) Capacity for one year of the facility or location where such generation or displacement is located (i.e.: kWh consumed)
- 3) Copy of Power Purchase Agreement and/or VNM Agreement (if participating in Virtual Net Metering)
 - a.) What has the aggregate load of the beneficial accounts participating in, or to be participating in, virtual net metering been, on average, for the past three years? _____

Please calculate this amount using the past three years of electricity bills from the location(s) serviced, or to be serviced: (in megawatts)

b.) Identify the customer(s) & location(s) of the beneficial accounts : _____

I hereby certify that the statements made herein have been examined by me, and to the best of my knowledge and belief are true and correct.

Applicant Signature: _____

Telephone: _____

Print or Type Name: _____

Date: _____

Email: _____

Notes:

Assessor Signature: _____

Date: _____

CERTIFICATION

ASSESSOR USE ONLY