

**TAX EXEMPTION APPLICATION
SOLAR ENERGY SYSTEMS &
GEO-THERMAL ENERGY SYSTEMS**

MUST BE FILED BY
NOVEMBER 1ST

Prescribed by
The Secretary of Office
Of Policy and Management

INSTRUCTIONS

**IMPORTANT
READ THIS
BEFORE FILLING
OUT THIS FORM**

1. Prepare in duplicate-Original to Assessor, Duplicate to Taxpayer
2. Timely filing-Failure to file within 30 days following the assessment date automatically waives the right to this exemption
3. The Solar Energy System described herein MUST meet the standards Established by regulation by the Secretary of the Office of Policy and Management
4. See statutes governing this application

TO: THE ASSESSOR, MUNICIPALITY OF: WEST HARTFORD

I hereby apply for property tax exemption for the installation of a Geo-Thermal/Solar Energy System as authorized by the provisions of Section 12-81 (56), (57), (62), and (63) of the Connecticut General Statutes

APPLICANT'S NAME _____ TELEPHONE Office _____
Home _____

APPLICANT'S MAILING ADDRESS (No. and Street) _____ (City or Town) _____ (State) _____ (Zip) _____

PHYSICAL LOCATION OF SOLAR ENERGY SYSTEM DESCRIBED BELOW (No. and Street) _____ (City or Town) _____ (State) _____ (Zip) _____

TOTAL COST OF SOLAR ENERGY SYSTEM FOR EXEMPTION IS CLAIMED UNDER 12-81(56, 57, 62 OR 63) OF THE CONNECTICUT GENERAL STATUTES \$ _____	DATE CONSTRUCTION COMPLETED OR MO/DAY/YR _____ DATE INSTALLED _____ / _____ / _____
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IS THIS APPLICATION BEING FIELD DUE TO AN ALTERATION TO AN EXISTING SYSTEM YES NO

DATE THE ALTERATION WAS COMPLETE _____ MO/DAY/YR _____

EXEMPTION IS BEING CLAIMED UNDER THE FOLLOWING SECTION(S) (56) ACTIVE (57) GEO-THERMAL/SOLAR ENERGY GENERATING (62) PASSIVE OR HYBRID (63) COGENERATING

DETAILED DESCRIPTION OF THE GEO-THERMAL/SOLAR ENERGY SYSTEM FOR WHICH THIS APPLICATION IS FILED:

CERTIFICATION 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
OWNER(S) _____

(Municipality) _____ (Calendar Date) _____ (Year) _____

DATED AT WEST HARTFORD THIS _____ DAY OF _____ 20 _____

LAST GRAND LIST YEAR IN WHICH THIS EXEMPTION MAY BE APPLIED _____

ASSESSOR(S) USE	ASSESSED VALUE GEO-THERMAL/SOLAR ENERGY SYSTEM \$ _____
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DOES THE SYSTEM MEET THE STANDARDS ESTABLISH THE SECRETARY OF THE OFFICE OF POLICY AND MANAGEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	LESS: ASSESSED VALUE WITH CONVENTIAL SYSTEM (-) \$ _____
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AMOUNT OF EXEMPTION (=) \$ _____

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	ASSESSOR(S) _____ MO/DAY/YR _____ / _____ / _____
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