



ASSESSOR'S OFFICE 505 SILAS DEANE HWY WETHERSFIELD, CT 06109 PHONE: 860-721-2810 ASSESSOR@WETHERSFIELDCT.GOV

TAX EXEMPTION APPLICATION FOR CLASS I RENEWABLE SOLAR ENERGY SOURCE

Must be received in the Assessor's office on or before NOVEMBER 1ST. If Nov. 1st is a Saturday or Sunday, due the Friday prior to Nov. 1st. Failure to file within 30 days following the assessment date automatically waives the right to this exemption.

*******Attach copy of lease, power purchase agreement or purchase agreement*******

| | |
|--|---|
| APPLICANT'S NAME: | PHONE: _____ |
| | EMAIL: _____ |
| APPLICANT'S MAILING ADDRESS (No. and Street) (City and Town) (State) (Zip) | |
| PHYSICAL LOCATION OF SOLAR ENERGY SOURCE DESCRIBED BELOW (No. and Street) | |
| ARE THESE PANELS (PLEASE SELECT ONE): <input type="checkbox"/> LEASED TO PROPERTY OWNER <input type="checkbox"/> OWNED BY PROPERTY OWNER <input type="checkbox"/> SUBJECT TO A POWER PURCHASE AGREEMENT (PPA) WITH THE PROPERTY OWNER | |
| DATE INSTALLATION WAS COMPLETE: _____ | |
| IF PANELS ARE LEASED OR SUBJECT TO PPA, WHO OWNS THEM (TO WHOM DO YOU MAKE PAYMENTS)? _____ | |
| WHAT WAS THE COST/PRICE OF THE SYSTEM? (INCLUDING FREIGHT, INSTALLATION & EQUIPMENT) | |
| \$ _____ | |
| WHAT IS THE VALUE OF THE SYSTEM? | |
| \$ _____ | |
| NUMBER OF PANELS AND KILOWATTS INSTALLED: _____ | |
| NAMEPLATE CAPACITY: _____ | |
| LOAD/ACTUAL PRODUCTION: _____ | |
| IS THIS APPLICATION BEING FILED DUE TO AN ALTERATION TO AN EXISTING SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| DATE THE ALTERATION WAS COMPLETE: _____ | |
| 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 the system meets the standards required for exemption under Section 12-81(57)(A), (B), (C), (D), (E), or (F) of the Connecticut General Statutes. OWNERS(S) _____ DATE: _____ |

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

*******Attach copy of lease, power purchase agreement or purchase agreement*******