



TOWN OF ROCKY HILL, CONNECTICUT

Stuart W. Topliff
Assessor
Town of Rocky Hill
761 Old Main Street
Rocky Hill, CT 06067
Telephone: (860) 258-

TAX EXEMPTION APPLICATION FOR CLASS I RENEWABLE SOLAR ENERGY SOURCE

Must be received in the Assessor's office on or before DECEMBER 15TH. If DEC 15TH is a Saturday or Sunday, due the Friday prior to Dec 15th. Failure to file within 30 days following the assessment date automatically waives the right to this exemption

APPLICANT'S NAME _____		PHONE: _____
No. and Street) (City and Town) (State) (Zip)		EMAIL: _____
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		
Owner of Panels (if leased or PPA): _____		
Address of Owner (if leased or PPA): _____ State: _____ Zip _____		
DATE INSTALLATION WAS COMPLETE: ___/___/___		
WHAT WAS THE COST/PRICE OF THE SYSTEM? (INCLUDING FREIGHT, INSTALLATION & EQUIPMENT)		
\$ _____		
WHAT IS THE VALUE OF THE SYSTEM?		
\$ _____		
LOCATION OF PANELS (Roof/Back Yard, front/Back,)		
NUMBER OF PANELS AND KILOWATTS INSTALLED: _____ Panels _____ Kilowatts		
NAMEPLATE CAPACITY: _____ (Amount of Electricity your system was designed to produce)		
LOAD/ACTUAL PRODUCTION: _____ KW (How much do panels actually produce)		
IS THIS APPLICATION BEING FILED DUE TO AN ALTERATION TO AN _____ MO DAY YR 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
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*****Attach copy of lease, power purchase agreement or purchase agreement*****