



TOWN OF STONINGTON

DEPARTMENT OF ASSESSMENT

152 Elm Street • Stonington, Connecticut 06378

(860) 535-5098 • Fax (860) 535-5052

www.stonington-ct.gov/assessment-department

email: assessor@stonington-ct.gov

April 5, 2019

Dear Property Owner:

It has come to our attention that a portion of the property cited on the attached form is being used or will be used as a location for cellular or digital personal communication equipment. In order to assess your real property fairly and equitably, income and expense related to this use is essential. Section 12-63c, as amended by P.A. 97-254, of the Connecticut General Statutes requires owners of rental property to provide income and expense information. Please provide the Stonington Department of Assessment with the following information:

- Name & Address of Lessee;
- Description of the leased premises;
- Beginning & Ending Dates of Initial Lease Term;
- Options terms, if any, to extend lease;
- Annual Rent, including rent escalations & other income during lease term; and,
- Annual expenses incurred, if any, in association with the lease. If all expenses are passed through to the lessee please state this.

In lieu of providing the above information, the property owner may supply a complete signed copy of the lease regarding the portion of the property being used as a location for the telecommunication equipment.

Any information related to the actual rental and rental related income and operation expenses shall not be a public record and is not subject to the provisions of Section §-210 (Freedom of Information) of the Connecticut General Statutes.

*In accordance with Section 12-63c (d), of the Connecticut General Statutes, as amended, any owner of rental real property who fails to file this form or files an incomplete or false form with intent to defraud, shall be subject to a **penalty assessment equal to Ten Percent (10%)** increase in the assessed value of such property.*

Please send the completed information to the Stonington Department of Assessment by MAY 31st, 2019. If you have any questions, please do not hesitate to contact me. Thank you for your anticipated cooperation.

Yours truly,

Marsha L. Standish, CCMA II
Director of Assessment

Enclosure: I & E Cellular form

Town of Stonington Department of Assessment

Cellular or Digital Personal Communication Equipment Locations

**Income and Expense Survey for Calendar Year 2018
(Due *MAY 31, 2019*)**

Information provided is CONFIDENTIAL, in accordance with Connecticut Law

Map-Block-Lot: _____
Property Address: _____
Property Name: _____

Name Property Owner/(Lessor): _____
Address of Property Owner/(Lessor): _____
Form Preparer/Position: _____
Telephone Number & email: _____ / _____

Name Lessee/Tenant: _____
Address of Lessee/Tenant: _____

Description of the leased premises: _____
Beginning & Ending Dates of Initial Lease Term: _____
Options terms, if any, to extend lease: _____

Annual Rent, including rent escalations & other income during lease term: _____

Annual expenses incurred, if any, in association with the lease. *If all expenses are passed through to the lessee please state this.*

_____	_____
_____	_____
_____	_____
_____	_____

Signature / Printed Name / Position

Date

In lieu of providing the above information, the property owner may supply a complete signed copy of the lease regarding the portion of the property being used as a location for the telecommunication equipment.