

APPLICATION TO THE ASSESSOR FOR CLASSIFICATION OF LAND AS FOREST LAND

State of Connecticut
Office of Policy and Management
M-39 Rev. 10/90

Prescribed by the Secretary of the
Office of Policy and Management

An application for classification of land as forest land on any assessment list must be filed with the assessor of the municipality where the forest land is situated between September 1st and October 31st. In a year in which a revaluation of all real property is effective such application may be filed between September 1st and December 30th. Failure to file under Section 12-107c of the Connecticut General Statutes in the proper manner is considered a waiver of the classification on such October 1st assessment date. (SEE ATTACHED STATUTES SECTIONS 12-504a THRU 12-504e). Annual filing is not required unless a change in use, acreage, or ownership has occurred (Sec. 12-504h).

Name of Owner(s): _____

Mailing Address: _____
(Number & Street or P.O. Box) (Town/City) (State) (Zip)

Total acreage of land _____ acres. Portion designated as forest land _____ acres.

Location and number of acres in each tract, list each such tract separately: _____

STATE FORESTER CERTIFICATE NUMBER DATE OF ISSUANCE
 (Date of Certificate must be no later than October 1st of the year of the requested classification)

AMENDED STATE FORESTER CERTIFICATE NUMBER

Do you have forest land certified in any other town in Connecticut? YES NO

If answer YES; which town(s) _____

Has there been a change in the use of such land between the date of such certificate and the date of this request for classification? YES NO

If answer YES; please explain:

I DO HEREBY declare under penalty of false statement that the statements herein made by me are true according to the best of my knowledge and belief, and that I have received Sections 12-504a thru 12-504e of the Connecticut General Statutes concerning a potential tax liability upon change of ownership, acreage, or use.

Dated: _____ Owner(s): _____

ASSESSOR(S) VERIFICATION _____ Application approved: YES NO

Application denied for the following reason:

Assessor(s) _____ Date: _____

Date of Acquisition _____

Map/Block/Lot	Total Acreage	Acreage Classified	Vol./Page/Date Rec.
_____	_____	_____	_____
_____	_____	_____	_____

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