

FREEZE PROGRAM

TAX COLLECTOR'S CLAIM FOR REIMBURSEMENT OF REVENUE LOSS
FILE ON OR BEFORE DECEMBER 31 TO THE STATE OF CONNECTICUT
SECRETARY OF THE OFFICE OF POLICY AND MANAGEMENT - TAX RELIEF UNIT
450 CAPITOL AVE., MS#54GSU, HARTFORD, CONNECTICUT 06106-1379

MUNICIPALITY/TAXING DISTRICT NAME AND ADDRESS: _____

GRAND LIST DATE: OCTOBER 1, _____ MILL RATE: _____ DATE CLAIM SUBMITTED: _____

TOTAL NUMBER OF REAPPLICATIONS (FORMS M-36R) SUBMITTED: _____ TOTAL NO. OF ACCOUNTS: _____

TOTAL REVENUE LOSS REIMBURSEMENT REQUESTED \$ _____

ASSESSOR'S VERIFICATION:

I HEREBY VERIFY THAT TO THE BEST OF MY KNOWLEDGE THIS CLAIM, INCLUDING ANY CONTINUATION SHEETS ATTACHED, IS A TRUE LISTING OF TAXPAYERS THAT ARE ENTITLED TO THE EXEMPTION UNDER THE STATE PROGRAM OF TAX RELIEF FOR THE ELDERLY AS SET FORTH IN SECTION 12-129d OF THE CONNECTICUT GENERAL STATUTES.

ASSESSOR SIGNATURE: _____ TELEPHONE NUMBER: _____

TAX COLLECTOR'S CERTIFICATION:

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS CLAIM, INCLUDING ANY CONTINUATION SHEETS ATTACHED, IS A TRUE LISTING AND COMPUTATION OF THE REVENUE LOSS SUSTAINED BY THIS MUNICIPALITY, OR OTHER JURISDICTION, UNDER THE STATE PROGRAM OF TAX RELIEF FOR THE ELDERLY AS SET FORTH IN SECTION 12-129d OF THE CONNECTICUT GENERAL STATUTES.

TAX COLLECTOR SIGNATURE: _____ TELEPHONE NUMBER: _____

FOR OFFICE OF POLICY AND MANAGEMENT USE ONLY

M-36 AS SUBMITTED: \$ _____

M-36 AS AUDITED: \$ _____

M-36P AS SUBMITTED: \$ _____

M-36P AS AUDITED: \$ _____

PRIOR YEAR'S ADJUSTMENT: \$ _____

FINAL GRANT AS CERTIFIED: \$ _____

OFFICE EXAMINATION BY: _____

DATE: _____