

INITIAL REPORT OF SPECIAL TAX DISTRICT

Municipality Name: _____ District Name: _____

RETURN TO TOWN/CITY CLERK AND STATE OF CONNECTICUT OFFICE OF POLICY AND MANAGEMENT

Pursuant to Section 7-325 of the Connecticut General Statutes, the clerk of the district shall report to the town clerk of each town such district is located if created by approval of a petition pursuant to subsection (a) of this section within seven days of such approval.

District Business Address: _____ _____ _____ Town or City: _____ Zip _____	Type of District: (select one) Improvement <input type="checkbox"/> Fire <input type="checkbox"/> Beach <input type="checkbox"/> Special Service <input type="checkbox"/> Other (specify) <input type="checkbox"/> _____
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1. **Date Created:** _____
2. **How was the district established (attach documents)** ☐ Special Act # _____
☐ General Statutes
3. **Does the District have (Please check, if yes):** Articles of Incorporation ☐ By Laws ☐
 Constitution or Charter ☐ Special Act ☐
 Ordinance(s) ☐
4. **Does the District (please check, if yes):** Levy Taxes via Mill Rate ☐
 Levy Taxes via fee ☐
 Levy Special Assessments ☐
5. **Fiscal Year of District:** _____
6. **Date of District Annual Meeting:** _____
7. **Annual Budget:** \$ _____
8. **Adopted mill rate or fee:** _____
9. **Fiscal Year** _____ **Total Tax Levy:** \$ _____
10. **District Officials –**

	Name:	Address (include zip):	Email:	Telephone:
President or Chairman:				
Vice President:				
Secretary:				
District Clerk:				
Treasurer:				
Tax Collector:				

M20a
INITIAL REPORT

Board of Directors/ Commissioners/ other:	Name:	Address (<i>include zip</i>):	Email:	Telephone:

Completed by:	Title:	Date:

Signature:

RETURN FORM AND ATTACHMENTS TO:

- Town or City Clerk
- State of Connecticut
Office of Policy and Management
450 Capitol Avenue, MS #54SLP
Hartford CT 06106
OPMIGPP@ct.gov

**Recommended by State of Connecticut Office of Policy and
Management Rev. 2025 M-20a Initial**