



<b>Completed by:</b>	<b>Title:</b>	<b>Date:</b>
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**Signature:**

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**RETURN FORM AND ATTACHMENTS TO:**

- Town or City Clerk
- State of Connecticut  
Office of Policy and Management  
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Hartford CT 06106  
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**Recommended by State of Connecticut Office of Policy and Management  
Rev. 2023 M-20a Update**