

**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: \_\_\_\_\_