FORM M-59
(Rev. 1/2024

ADDITIONAL VETERANS' EXEMPTION PROGRAM

REQUEST FOR REIMBURSEMENT OF REVENUE LOSS
FILE ON OR BEFORE AUGUST 1 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

$250 LATE
FILING PENALTY

MUNICIPALITY NAME: _____ **GRAND LIST OF: OCTOBER 1,** _____ **DATE:** _____

Current G/L Real Estate Accounts: _____ **Current G/L Real Estate Exemption Amount: $**_____ **X Current G/L Mill Rate:** _____ **= Current G/L Real Estate Revenue Loss: $** _____

Current G/L MV Accounts: _____ **Current G/L MV Exemption Amount: $**_____ **X Current G/L MV Mill Rate:** _____ **= Current G/L MV Revenue Loss: $** _____

Supplemental MV Accounts: _____ **Supplemental MV Exemption Amount: $**_____ **X Prior G/L MV Mill Rate:** _____ **= Supplemental MV Revenue Loss: $** _____

Total Accounts Approved: _____ **Total Exemptions Approved: $** _____ **Total Revenue Loss Reimbursement Requested: $** _____

ASSESSOR'S AND 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 qualified veterans as set forth in section 12-81g of the Connecticut General Statutes.

ASSESSOR	TELEPHONE NUMBER	E-MAIL ADDRESS	DATE
TAX COLLECTOR	TELEPHONE NUMBER	E-MAIL ADDRESS	DATE

FOR OFFICE OF POLICY AND MANAGEMENT USE ONLY

M-59 AS SUBMITTED: **$** _____

M-59 AS EXAMINED AND APPROVED: **$** _____

OFFICE EXAMINATION BY: _____ **DATE:** _____