

OWNERS' PROGRAM

MUNICIPALITY'S CLAIM FOR REIMBURSEMENT OF REVENUE LOSS
FILE ON OR BEFORE JULY 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

MUNICIPALITY NAME AND ADDRESS _____

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

	APPS	RENEWALS	TOTAL	APPS	RENEWALS	TOTALS
NUMBER OF COMPUTERIZED PAGES: _____	_____	_____	_____	TOTAL # OF APPS/ACCTS: _____	_____	_____
NUMBER OF MANUAL PAGES: _____	_____	_____	_____	REIMB. REQUESTED: _____	_____	_____

ASSESSOR'S AND TAX COLLECTOR'S CERTIFICATIONS:

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS CLAIM IS A TRUE LISTING OF APPROVED CLAIMANTS ON THE OWNERS' PROGRAM IN THE ABOVE NAMED TAX JURISDICTION. THE AMOUNT INDICATED ABOVE IS THE REVENUE LOSS SUSTAINED AS A RESULT OF THE PROVISIONS OF CONNECTICUT GENERAL STATUTE SECTION 12-170aa.

ASSESSOR Signature

TELEPHONE NUMBER

TAX COLLECTOR Signature

TELEPHONE NUMBER

FOR OFFICE OF POLICY AND MANAGEMENT USE ONLY

AS SUBMITTED:

AS EXAMINED:

M-35B:

M-35P:

REIMBURSEMENT APPROVED:

OFFICE EXAMINATION BY: _____

DATE: _____