

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