

REDUCTIONS TO OWNERS' REIMBURSEMENT

**FILE ON OR BEFORE OCTOBER 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,** _____

CHECK TYPE: _____ **TOWN:** _____ **CITY:** _____ **BOROUGH:** _____

TOTAL NUMBER OF CONTINUATION PAGES: _____

TOTAL NUMBER OF REDUCTION ACCOUNTS: _____

TOTAL NUMBER OF M-35G FORMS SUBMITTED: _____

TOTAL AMOUNT OF REDUCTION: _____

ASSESSOR'S CERTIFICATION: I hereby certify that, to the best of my knowledge, this claim is a true listing of approved claimants in the above named tax jurisdiction on the Owners' Program, for whom reductions to credit amounts are necessary in accordance with Section 12-170aa of the Connecticut General Statutes.

SIGNATURE _____ **TELEPHONE NUMBER** _____ **DATE SIGNED** _____
ASSESSOR

FOR OFFICE OF POLICY AND MANAGEMENT USE ONLY

M-35P AS SUBMITTED: \$ _____

ADJUSTMENTS: _____

REDUCTION AMOUNT AS EXAMINED: \$ _____

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