

**REDUCTIONS TO FREEZE 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 Freeze Program, for whom reductions to credit amounts are necessary in accordance with Section 12-129b(d) of the Connecticut General Statutes.

**SIGNATURE** \_\_\_\_\_  
**ASSESSOR**

\_\_\_\_\_  
**TELEPHONE NUMBER**

\_\_\_\_\_  
**DATE SIGNED**

**FOR OFFICE OF POLICY AND MANAGEMENT USE ONLY**

**M-36P AS SUBMITTED:** \$ \_\_\_\_\_

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

**REDUCTION AMOUNT AS EXAMINED:** \$ \_\_\_\_\_

**OFFICE EXAMINATION BY:** \_\_\_\_\_

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