FORM M-59 (Rev. 6/2017)	ADDITIONAL VETERANS' EXEMP' REQUEST FOR REIMBURSEMENT OF I FILE ON OR BEFORE AUGUST 1 TO THE STA SECRETARY OF THE OFFICE OF POLICY AND MAN 450 CAPITOL AVE., MS#54GSU, HARTFORD, C	REVENUE LOSS TE OF CONNECTICUT AGEMENT - TAX RELIEF UNIT	\$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: \$	Current G/L X Mill Rate: =	Current G/L Real Estate Revenue Loss: \$
Current G/L MV Accounts:	Current G/L MV Exemption Amount: \$	Current G/L X MV Mill Rate: =	Current G/L MV Revenue Loss: \$
Supplemental MV Accounts:	Supplemental MV Exemption Amount: \$	Prior G/L X MV Mill Rate: =	Supplemental MV Revenue Loss: \$

Fotal Accounts Approved:	Total Exemptions Approved: \$	Total Revenue Loss Reimbursement Requested: \$
lotal Accounts Approveu.	I Utal Exemptions Approveu. ϕ	I Utal Revenue Loss Reinibul sement Requested. 9

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 APH	PROVED:	\$					
OFFICE EXAMINATION BY:			DATE:				