FORM D-1 (rev. 12/99)

Assessor

TOTALLY DISABLED TAX EXEMPTION

Prepare in Triplicate Original – Assessor Copy – Applicant Copy – OPM

IMPORTANT Check at Least One Box

ГО: ASSESSOR, City of Sta	nmford, 888 Washington Blvd., P	.O. Box 10152, Stamfor	d, CT 06904-2152	
hereby apply for the \$1,000 Sec. 12-81(55):	tax exemption (off my assessed va	lue) as provided for in the	e Connecticut General Statutes	
NAME (last) (first)	(Middle Initial)	BIRTHDATE	SOCIAL SECURITY #	
ADDRESS (No., Street,	Town or City) (State) (Zip Code)	APPLICAN	APPLICANT'S TELEPHONE #	
Document(s) a	ttached.			
Proof of eligibility benefits under Soc	_	-	ve permanent total Disability	
If the applicant hat qualified for benef	or so not been engaged in employme its thereunder:		curity and accordingly has not	
retirement or disal retirement plan, requirements in re	y for permanent total disability boility plan, including the Railroad determined by the Secretary of spect to qualification for such per under Social Security,	Retirement Act and any the Office of Policy	Government-related teacher's and Management to contain	
_	- or	-		
with applicable fe	licant has attained the age of sixty deral regulations to receive perma- tate or local government retiremen	anent total disability ben	efits under Social Security or	
	CERTIFICA	ΓΙΟΝ		
REQUIREMI	INDER THE PENALTIES OF FENTS OF CONNECTICUT GENTO THE TAX EXEMPTION PRO	ERAL STATUTES Sec	c. 12-81(55) AND AM	
Applicant's Si	gnature	Date		
	APPRO	OVED		

Date