FORM D-1 (Rev. 12/99

TOTALLY DISABLED TAX EXEMPTION

Prepare in Triplicate Original – Assessor Copy – Applicant Copy – OPM IMPORTANT Check At Least One Box

TO: ASSESSOR, Town of Manc	hester, 41 Center Street, 1	PO Box 191, Manches	ter, CT 06045-0191
I hereby apply for the \$1,000 ta General Statutes Sec. 12-81 (55	1 2	ssed value as provided	d for in the Connecticut
NAME (Last) (First)	(Middle Initial)	BIRTHDATE	SOC. SEC.
ADDRESS (No., Street, Town) (State) (Zip Coo	de) TELEPHO	ONE NUMBER
Attach Documents:			
		ent covered by Social	·
Proof of Eligibility for pretirement or disability pretacher's retirement plan to contain requirements in that are compatible to such	lan, including Railroad R , determined by the Secre n respect to qualification ch requirements under So	Retirement Act or any etary of the Office of for such permanent	government-related Policy and Management
Proof that the applicant accordance with applicate under Social Security or as described above.	ole federal regulations to	receive permanent To	otal Disability Benefits
	CERTIFICAT	ΓΙΟΝ	
I CERTIFY UNDER THE REQUIREMENTS OF CON AM ENTITE		AL STATUTES SEC	TION 12-81 (55) AND
Applicant's Signature		Date	
	APPROVE	CD CD	
Assessor		Date	