

TOWN OF COLCHESTER
127 Norwich Avenue
Colchester, CT 06415

TAX EXEMPTION APPLICATION
TOTALLY DISABLED PERSONS
FORM 177

IMPORTANT
CHECK ALL APPLICABLE BALLOT BOXES
INCLUDE SOCIAL SECURITY NUMBER

**I hereby apply for \$1000 tax exemption as provided for in Connecticut General
Statute 12-81 (55) as amended by Public Act 74-123**

Applicant's Name	Street and Number
City or Town	State

Social Security Number	Document(s) Attached
Type Of Exempt Property	
<input type="checkbox"/> REAL	<input type="checkbox"/> Proof of receipt of permanent total disability benefits under the federal old age, survivor's, and disability insurance program.
<input type="checkbox"/> PERSONAL	<input type="checkbox"/> Statement of certification by a physician as to an applicant's total disability

CERTIFICATION

I certify under the penalties of false statement that I meet the requirements of Public Act 74-123 and am entitled to the tax exemption provided for therein.

_____ APPLICANT'S SIGNATURE	_____ DATE
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APPROVED

_____ TOWN ASSESSOR	_____ DATE
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