

**APPLICATION OF FEDERAL EMPLOYEE AFFECTED BY FEDERAL GOVERNMENT SHUTDOWN
TO DEFER MUNICIPAL TAX/UTILITY CHARGES**

Applicable to real estate, motor vehicle, and personal property taxes and/or water and sewer charges due on or after December 22, 2018

1. NAME	LAST	FIRST	MIDDLE INITIAL	DATE OF BIRTH
2. MAILING ADDRESS	NUMBER AND STREET	CITY OR TOWN	STATE	ZIP CODE
3. DAYTIME TELEPHONE WITH AREA CODE			ALTERNATE TELEPHONE OR EMAIL ADDRESS	
4. DEPT/DIVISION OF FEDERAL EMPLOYMENT			WORK ADDRESS/LOCATION AND TELEPHONE	
5. ADDRESS OR DESCRIPTION OF PROPERTY IN THIS TOWN SUBJECT TO TAXES AND/OR CHARGES TO BE DEFERRED				

- a) I am a resident of the State of Connecticut. A copy of my driver's license, utility bill, or other proof of residency is attached.
- b) I am currently an employee of the federal government of the United States and have been since December 22, 2018 or earlier. A copy of my employee ID, paystub, or other proof of employment is attached.
- c) Since December 22, 2018, I have been either (i) required to work as a federal employee without pay, or (ii) furloughed as a federal employee without pay. A copy of a notice of furlough or nonpayment or other proof of effect on my pay is attached.
- d) I request that any applicable real estate, motor vehicle, and personal property taxes and any water or sewer charges or assessments on my property which would otherwise be payable by me to the Town between December 22, 2018 and the date on which my pay is restored be deferred, without interest or penalty, until sixty (60) days after the date on which my pay is restored.
- e) I am aware of the amount and basis of the taxes, charges, and assessments that I am requesting to be deferred, and I hereby irrevocably waive all of my rights to appeal or dispute them on any basis. I understand that the Town's lien, priority, and enforcement rights will remain unaffected during and after the deferral period.
- f) I understand that this request, if approved, will not defer any taxes, charges, or assessments, I may owe the Town which came due before December 22, 2018 or the interest and penalties applicable to them, or any other debt I may owe the Town at any time.
- g) I agree to recertify for this deferral by giving the Town proof that the above statements remain true within thirty (30) days from today, and each additional thirty (30) days thereafter, until such date and in such manner as the Town may direct.
- h) I authorize the Town and its agents to verify my statements above, and any recertification information I provide, from my employer and other third parties. I consent to those third parties releasing relevant information to the Town and its agents for this purpose upon the Town's request and that a copy of this application shall be adequate evidence of my consent.
- i) I understand that I must pay all taxes, charges, and assessments to be deferred in full by the earliest of: (i) sixty (60) days after the date on which my pay is restored; (ii) immediately upon my failure to recertify my eligibility; or (iii) immediately upon the Town's determination that I am not or am no longer eligible for deferment. I understand that if I fail to do so for any reason, all interest and penalties will be applied to all unpaid portions retroactive to the original (undeferred) due date.

APPLICANT'S AFFIDAVIT	Under penalties of perjury, I hereby swear or affirm that that I have read and understood all of the statements above, that they are all true and accurate, and that all attachments to this application and any additional information I give to support or recertify this application are genuine and unaltered.
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SIGNATURE OF APPLICANT X	Date signed (Mo.,Day,Yr.) ____/____/____
SIGNATURE OF NOTARY PUBLIC X	Date signed (Mo.,Day,Yr.) ____/____/____

STOP ! DO NOT WRITE BELOW THIS LINE - FOR TAX COLLECTOR'S USE ONLY

DEFERRAL FOR: Real Estate Tax Motor Vehicle Tax Supp. Motor Vehicle Tax Personal Property Tax
 Water Charges Sewer Usage Charges Sewer Assessment Charges _____

TAX COLLECTOR'S AFFIDAVIT	<input type="checkbox"/> - I am satisfied that the applicant meets all the necessary statutory requirements <input type="checkbox"/> - This claim is disallowed because: _____
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SIGNATURE OF TAX COLLECTOR OR MEMBER OF TAX COLLECTOR'S STAFF X	Date signed (Mo.,Day,Yr.) ____/____/____
SIGNATURE OF NOTARY PUBLIC X	Date signed (Mo.,Day,Yr.) ____/____/____