ELDERLY/TOTALLY DISABLED HOMEOWNERS' PROGRAM REQUEST FOR EXTENSION OF TIME TO FILE

Please complete the following information and return this letter, <u>along with documentation</u> <u>from the IRS showing filing extension</u>, to the Secretary, Connecticut Office of Policy & Management at the address below.

APPLICANT	Г NAME:	
ADDRESS_		
		ZIP
TELEPHON	E NUMBER_()	-
-	s' Program. I was granted an	e for the Elderly/Totally Disabled extension by the IRS to file my Federal
Enclosed ple	ease find documentation from	n the IRS.
The statutory	y deadline for filing a Request	for Extension of Time to File is August 15th.
Signature		Date
Send to:	Connecticut Office of Policy & Management Tax Relief Unit, MS#54GSU 450 Capitol Avenue Hartford, CT 06106-1379 Attn: Patrick Sullivan	