TOWN OF POLAND PROPERTY TAX ASSISTANCE ORDINANCE

APPLICATION FOR POLAND TAX ASSISTANCE CREDIT REBATE FOR TAX YEAR 2023

Date of Application:	
Name:	
Address:	
Length of Time at Residence:	
Date of Birth:	Phone:
Are you 70 years of age or olde □ Yes □ No*	r:
Have you held a homestead in ☐ Yes ☐ No*	Poland for the last 10 consecutive years:
Did you receive a refund from t □ Yes □ No*	he Maine Property Tax Fairness Credit Program:
*If you answered no to any of t	ne above questions, you do not qualify for this credit rebate.
of Maine stating the amount of receive a letter from the State y DISCLAIMER: By submitting to	epted you must attach a copy your 2021 tax year refund letter from the Stat your refund for the Maine State Property Tax Fairness Credit. If you did no ou can request one be sent using the attached request form.
is true and accurate to the bes	of your knowledge.
	TO SUBMIT AN APPLICATION IS AUGUST 30, 2022
	EMAIL TO: npratt@polandtownoffice.org I231 Maine Street, Poland, ME 04274, c/o Nikki Pratt - Tax Assistance N PERSON at the Town Office: 1231 Maine Street, Poland
	INTERNAL USE ONLY:
Date Received:	Eligible: YES NO Credit Amount:

_____ Date: ____

Reviewed By:



Town of Poland 1231 Maine Street Poland, ME 04274

Maine Residents Property Tax Fairness Credit Release of Information/Consent Form

I hereby authorize Maine Revenue Services (MRS) to provide information relative to my Maine Residents Property Tax Fairness Credit to the Town of Poland.

I understand that the information provided by MRS will include the full amount of the refund for which I was eligible.

MRS will provide the refund information only if this form has been signed by the refund recipient. The information provided is intended to be used solely for the purpose of determining my eligibility under the Town of Poland's Property Tax Assistance program.

The Town of Poland agrees upon receipt of this form, and under penalties of applicable law, to hold all taxpayer information contained in this form in strict confidence and to use the information contained in this form strictly for the purposes stated herein.

To be completed by refund recipient:	
Name (please print):	Social Security Number:
Address:	
Signature:	Date:
Office use only:	
Refund Amount:	Application date:
	Did not apply: (initial)

Send Request to: State of Maine/MRS PO Box 1060 Augusta, ME 04332-1060

Ph: (207) 626-8475 Fax: (207) 624-9694 Send Reply to:
Town of Poland c/o Nikki Pratt

Ph: (207) 998-4601 Fax: (207) 998-2002

Email: npratt@polandtownoffice.org