

DAIRY FARM TAX ABATEMENT APPLICATION

1. Application for Dairy Farm Tax Abatement must be filed annually with the Tax Collector by May 1st in the year the abatement is requested.
2. A separate application is required for each parcel.
3. Approval or denial of this application is determined by vote of the Board of Selectman.
4. Application for abatement of up to 50% of the property taxes – provided such property is maintained as a Dairy Farm.
5. Failure to file is considered a waiver of the abatement on such October 1st assessment date.

Grand list – October 1, 2020

<input type="checkbox"/>	New	<input type="checkbox"/>	Ownership
<input checked="" type="checkbox"/>	Renewal	<input type="checkbox"/>	Acreage
<input type="checkbox"/>	Change	<input type="checkbox"/>	Use

Name of Owner(s) Eva South Farm LLC
 Dairy Farm Reg. # 102
 Dairy Farm Location Pomfret Rd & Rte 97

UID'S 00052700, 00052701, 00052702 + 00052800

NAME OF APPLICANT (IF OTHER THAN OWNER) _____
 Mailing Address 319 Route 165
Preston, CT 06365

I respectfully request the Hampton Board of Selectmen approve this application for the maximum allowable abatement on the above property. I understand that in the event of the sale of this property the Town of Hampton will recapture the amount of taxes abated herein. Such recapture shall not exceed the amount of taxes abated and may not go back further than ten years. I do hereby declare under penalties of false statement that the statement and information provided herein are true according to the best of my knowledge and belief.

Clark W. Welton
 Signature of Owner (member)

2/26/21
 Date

Zayid B.
 Signature of Tax Collector

3/4/21
 Date

BOARD OF SELECTMAN

APPROVE % ABATEMENT ALLOWED _____
 DENIED – FOR THE FOLLOWING REASON(S) _____

 SIGNATURE OF TAX COLLECTOR

 DATE

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<input checked="" type="checkbox"/>	Renewal	<input type="checkbox"/>	Acreage
<input type="checkbox"/>	Change	<input type="checkbox"/>	Use

Name of Owner(s) Clark W. Woodmansee III Trust Agreement

Dairy Farm Reg. # 102

Dairy Farm Location Pomfret Rd, Route 97

UID'S 0000600; 00030500; 30550; 30600; 00081401;
00081480, 00081500

NAME OF APPLICANT (IF OTHER THAN OWNER) _____

Mailing Address 319 Route 165
Preston, CT 06365

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Clark W. Woodmansee III
Signature of Owner Trustee

2/26/21
Date

Jay R B
Signature of Tax Collector

3/4/21
Date

BOARD OF SELECTMAN

APPROVE % ABATEMENT ALLOWED _____

DENIED – FOR THE FOLLOWING REASON(S) _____

SIGNATURE OF TAX COLLECTOR

DATE