

Town of Old Orchard Beach 1 Portland Ave. Old Orchard Beach, ME 04064 Attn: Jordan Miles



State of Maine Maine Revenue Services P.O. Box 9116 Augusta, ME 04332-9116

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 Old Orchard Beach.							
I understand that the information provided by MRS will include the full amount of the refund for which I was eligible for tax year							
Maine Revenue Services will provide the refund information only if this form has been signed by the refund recipient. The information so provided is intended to be used solely for the purpose of determining my eligibility under the Town of Old Orchard Beach's "Property Tax Assistance Program".							
The Town of Old Orchard Beach 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:							
Social Security Number: Printed Name:							
Address:							
Signature of refund recipient:							
Date:							
Office Use Only:							
Refund Amount:	Did not apply:						
Request to:	Reply to:						
ate of Maine Town of Old Orchard Beach							
Maine Revenue Services Finance Office							
Fax: (207) 624-9694 Fax: (207) 934-0246							
Tel: (207) 626-8475 Tel: (207) 937-5622							

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TOWN OF OLD ORCHARD BEACH PROPERTY TAX ASSISTANCE PROGRAM

APPLICATION DEADLINE: NOVEMBER 1, _____

To qualify you must answer "Yes" to the following questions:

Signature of Applicant

<u> </u>	operty tax refund this year fro		ne Property Tax	and Fairn	ess
Credit Program:	_ Yes	No		-	
You receive the "Home	stead" exemption at the time	of this application:		Yes	No
Your primary residence	has been in Old Orchard Bead	th for ten (10) conti	inuous years		
prior to the date of app	olication: Yes	No_	**************************************		
You are 70 years of age	as of November 1,	Yes	☐ No	DOB	/ /
You have no past due p	roperty taxes as of the date o	the application?		Yes	No
If you answered "Yes" to all o	questions above please compl	ete the form below	<i>r</i> .		
Name:		Pho	ne #:	~~~	
Property Address:					
Mailing Address:					
E-mail Address:					
Select one option:	Send my refund by check Apply my refund to my prop	erty taxes			
Required: If you are a tenant in Old Orchard Beach for the	t in your home, you must prov past 10 years.	ide documentation	of your reside	ncy	
Proof of age and residency in	the municipality is based on o	one or more of the	following: YES	NO	
I've paid property tax or for 10 consecutive years	n my primary residence in Old s:	Orchard Beach	0	0	
I am a registered voter i	n the municipality			Ö	j
I file income tax returns	in the State of Maine		\circ	\circ	
The address on my drive	er's license is the same as the	address above	<u> </u>	0	
For assistance with the comp appointment.	letion of this form, please call	Jordan Miles at 20	7-937-5622 to s	schedule a	n
Please return form to:	Jordan Miles, Treasurer - Fin Town of Old Orchard Beach	ance Director			
	1 Portland Ave Old Orchard Beach, ME 0406	64			
REMINDERS:				<u>.</u>	
•	l documentation showing resid y the Town no later than Nove	•	10 years?		
	on this application are, to the b		ge, true and co	rrect.	

Date