

REFUND REQUEST

CITY OF ANSONIA, OFFICE OF THE TAX COLLECTOR – 253 MAIN STREET, ANSONIA, CT 06401



YOU ARE DUE A REFUND

THIS REFUND REQUIRES THE APPROVAL FROM THE BOARD OF ALDERMAN. PLEASE ALLOW 8 WEEKS FOR PROCESSING FROM THE DATE OF APPROVAL.

I, _____, hereby apply for a refund of motor vehicle, personal property, real estate (circle one) on the Grand List of _____ in the amount of \$_____.

I am entitled to this refund because I have made the payments from funds under my control and no other party will be requesting this refund. I understand that false or deliberately misleading statements subject me to penalties for perjury and/or obtaining money under false pretense.

See Connecticut General Statutes 12-129: Refund of Excess Payments.

Your signature below will indicate that you did make the overpayment and are in fact due the refund. Therefore, if you sign, indicate the method of disbursement you prefer and return this form to the Ansonia Tax Collector's Office.

Signed _____ Date _____

Make check payable to taxpayer on record

Transfer refund to account _____ - _____ - _____

Phone Number: (_____) _____ - _____

Social Security # OR EIN# _____

REQUIRED FOR FINANCE PURPOSES

If your refund is not being transferred, please confirm your mailing address below:

FOR OFFICE USE ONLY:

YEAR-TYPE-LIST: _____ - _____ - _____ Account Notated

AMOUNT: _____ Added to monthly report

HOURS: Monday – Wednesday 8:30 a.m. – 4:30 p.m., Thursday 8:30 a.m. – 5:00 p.m., Friday 8:30 a.m. – 1:00 p.m.

PHONE NUMBER: 203-736-5910

WEBSITE: www.cityofansoniam.com