TOWN OF NEW HARTFORD – OFFICE OF TAX COLLECTOR

REQUEST FOR REFUND OF MOTOR VEHICLE PROPERTY TAXES

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| This is to certify that: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | has presented satisfactory proof that | | | | | | | | | |
| he/she is entitled to Refund of Excess Payments (Sec. 12-129). Grand List Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Bill No.: | | | |  | | | | | | | | | | Reason: | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Make, Model, Year: | | | | | | |  | | | | | | | | | | | | | | | | | | | | VIN #: | | | | | |  | | | | | | |
|  | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | |  | | | | | | | | | | Assessor/Town Clerk | | | | | | | | | | | | | | | |
| **To Linda M. Sheffield, Tax Collector Town of New Hartford, Connecticut:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Due to: | | |  | | The issuance of a certificate of correction | | | | | | | | | | | |  | | | | Payment in error | | | | | | | |  | | Other: | | | | |  | | | |
| I, |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| of |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hereby apply for a refund of excess payment of my taxes: | | | | | | | | | | | | | | | | | | | | | | | | Date Paid: | | | |  | | | | | | | | | | | |
| Tax: | |  | | | | | | | Int.: | | |  | | | | | | Lien: | | | | | |  | | | | | | | | Total: | | | | |  | | |
| **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 pretenses.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | **SIGN HERE** | | | | | | | | |  | | | | | | | | Signature of Taxpayer/Agent | | | | | | | | | | | | | | | | |
| **TAX COLLECTOR’S RECOMMENDATION TO THE GOVERNING BODY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To the New Hartford Board of Selectmen: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| It is recommended that a refund of property tax in the amount of | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | be made to the above-named | | | | | |
| taxpayer in accordance with the provisions of Sec. 12-129. | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |
|  | Make check payable to same and return to Tax Collector. | | | | | | | | | | | | | | | | | | | | | | | |  | Check will be issued from Property Tax account. | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | | | |  | | | | | | | | | Tax Collector, New Hartford | | | | | | | | | | | | | | | | | | | | | | | | |  | Date |
| **ACTION TAKEN BY NEW HARTFORD BOARD OF SELECTMEN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| At a regular meeting of the Board of Selectmen held on | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | it was voted to approve a refund of | | | | | | | | | |
| Property Tax amounting to | | | | | | | | | | $ | | | | | | to | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | |  | | | | | | Taxpayer | | | | | | | | | | | | | | | | | | | |
| Daniel V. Jerram | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Alesia Kennerson | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Eric B. Claman | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Check Number | | | | | |  | | | | | Amount: | | | $ | | | | | | | | To the Order of | | | | | |  | | | | | | | | | | | |
| Mailed: | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | |