



CITY OF HARTFORD
OFFICE OF THE TAX COLLECTOR
550 MAIN ST., ROOM 106
HARTFORD, CT 06103

APPLICATION FOR TAX REFUND

Applicant Name: _____ **Date of Application:** _____

Current Address: _____

City, State & Zip: _____ **Telephone:** _____

Plate #: _____ **E-mail Address:** _____

Type of Tax: Real Estate Motor Vehicle Personal Property

Year of Tax: _____ **Unique ID:** _____ **Bill/List Number:** _____ **Date Paid:** _____

Reason for Refund:

- CGS 12-71c - Property Sold, Demolished, Stolen or Owner Moved.
- CGS 12-81(20) - Servicemen or Veteran Disability
- CGS 12-126 - Tangible Personal Property Assessed in More Than One Municipality
- CGS 12-127 - Exception for Blindness
- CGS 12-128 - Tax Erroneously Collected from Veteran or Relative
- CGS 12-129 - Excess Payment
- Other - Please explain: _____

This Application must include the following:

- **Proof of Payment in the form of copy of cancelled check (front & back of cancelled check) or cash receipt from the City.**
- **Valid Photo Identification (driver's license, non-driver's ID, student ID, etc.)**
- **For Business Personal Property a statement of authorization on company letterhead stating that the applicant is authorized to make this request on behalf of the firm/company.**

By signing below, Applicant is applying for a refund of an overpayment of taxes and acknowledges that the City of Hartford reserves the right to apply any overpayment to existing current or delinquent tax bills that are due.

 Printed Name

 Signature of Applicant (taxpayer or agent)

PHOTO ID VERIFIED BY _____

 Date Received

Please Allow Approximately Ninety Days for Processing

Applicant Name _____

Bill Number _____

Tax Office Use Below

Tax Refund Application (continued)

Reason for Refund (check all that apply below):

CGS 12-71c: Property Sold, Demolished, Stolen or Owner Moved.
Proof required: **Sold** - DMV Registration in new owner's name
Demolished - Insurance Appraisal; Junk Receipt
Stolen - File and Dated Police Report
Owner Move - Registration in new location

CGS 12-81(20): Servicemen or Veteran Disability
Proof required: Copy of Military Record of Disability

CGS 12-126: Tangible Personal Property Assessed in More Than One Municipality
Proof required: Copy of Tax Bill & Assessment in other jurisdiction

CGS 12-127: Exception for Blindness
Proof required: Medical Proof of Blindness

CGS 12-128: Tax Erroneously Collected from Veteran or Relative
Proof required: Military Record _____?

CGS 12-129: Excess Payment
Proof required: Receipt of Prior Payment

Other Please explain:
Proof required: Written Proof of Reason

TAX COLLECTOR'S CERTIFICATION

I certify that I have reviewed the records of the Tax Division of the Department of Finance of the City and find as follows:

Approved: _____
Nancy S. Raich, Tax Collector Date Approved _____

_____ Amount of Refund _____ Comments _____

Denied: _____
Tax Office Representative Date Denied _____

Assessor's Certification (if overpayment/refund is caused by a Certificate of Correction)

I certify that an adjustment permitted by statute has been made on the tax bill(s) associated with this refund application and that the records pertaining to such adjustment are on file in the Office of the Assessor.

_____ dated at Hartford, CT _____,
John S. Philip, CCMA II,
City Assessor