

REFUND REQUEST

CITY OF ANSONIA, TAX DEPARTMENT - 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.

NAME (AS WRITTEN ON TAX BILL): _____

ADDRESS (AS WRITTEN ON TAX BILL): _____

CITY, STATE, AND ZIP CODE: _____

PHONE NUMBER: (_____) _____ - _____

SOCIAL SECURITY # OR EIN# _____

REQUIRED FOR FINANCE PURPOSES

PLEASE CIRCLE TYPE OF REFUND

C-PACE

MOTOR VEHICLE

PERSONAL PROPERTY

REAL ESTATE

WATERLINE

MAIL CHECK TO THE ABOVE ADDRESS? YES NO

IF NO, PLEASE PROVIDE MAILING ADDRESS BELOW:

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY:

YEAR-TYPE-LIST: _____ REFUND AMOUNT _____