

# REFUND REQUEST

CITY OF ANSONIA, TAX DEPARTMENT - 253 MAIN STREET ANSONIA, CT 06401



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**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.**

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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 \_\_\_\_\_

- Account notated
- Added to monthly report