



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

**APPLICATION FOR TAX REFUND**

**Applicant Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City, State** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Zip Code** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Type of Tax:**     Real Estate         Motor Vehicle         Personal Property

**Year of Tax:** \_\_\_\_\_    **Account Number:** \_\_\_\_\_    **Bill 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 or TaxServ**
- **Valid Photo Identification (driver's license, non-driver's ID, student ID, etc.)**
- **For Businesses- 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 and/or TaxServ Capital, LLC (for Motor Vehicle Accounts) reserve 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 of Application

**Please Allow Approximately Ninety Days for Processing**

