



**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 & Zip:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Plate #:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

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

**Year of Tax:** \_\_\_\_\_        **Unique ID:** \_\_\_\_\_        **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 or TaxServ**
- **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 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**

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