



# City of Milford, Connecticut

•Founded 1639•

70 West River Street - Milford, CT 06460-3317

Tel 203-783-3217 Fax 203-783-3362

Website: [www.ci.milford.ct.us/tax-collector](http://www.ci.milford.ct.us/tax-collector)

Office of  
Tax Collector

## APPLICATION FOR REFUND OF EXCESS TAXES PAID

(Please read, sign, and date below)

To: Board of Aldermen:

I am entitled to this refund because I have made the payment(s) from funds under my control, and no other party will be requesting this refund.

I understand that false or deliberately misleading statements subject me to penalties for perjury and/or obtaining money under false pretenses.

I hereby apply for a refund of taxes paid in accordance with Connecticut General Statute 12-129.

Make Check  
Payable To

Name: \_\_\_\_\_

Address: \_\_\_\_\_

-OR-

Apply to  
Bill(s)

Name: \_\_\_\_\_

Account Type(s): \_\_\_\_\_ List Number(s): \_\_\_\_\_

### Reason(s) Listed Below:

- An adjustment has been made on your Motor Vehicle Tax Bill by the Assessor. This has created an overpayment.
- Your Motor Vehicle Tax Bill has been overpaid.
- An adjustment has been made on your Real Estate Tax and/or Sewer Service Fee Bill. This has created an overpayment.
- Your Real Estate Tax and/or Sewer Service Fee Bill has been overpaid.
- An adjustment has been made on your Personal Property Tax Bill. This has created an overpayment.
- Your Personal Property Tax Bill has been overpaid.

Amount: \$ \_\_\_\_\_ Tax

\$ \_\_\_\_\_ Interest

\$ \_\_\_\_\_ Total

X \_\_\_\_\_

Signature of Applicant/Agent  
(Title of Agent, where applicable)

Date Signed

Telephone Number

X \_\_\_\_\_

Address of Signee

For: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

List Number

Type

Year

Office of Tax Collector Use Only:

Date Completed: \_\_\_\_\_ Check Number Issued: \_\_\_\_\_