



CITY OF STAMFORD PROPERTY TAX REFUND / TRANSFER FORM

APPLICANT

(NAME OF INDIVIDUAL OR BUSINESS)

(NUMBER AND STREET ADDRESS)

(NUMBER AND STREET ADDRESS, CONTINUED)

(CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE)

RECIPIENT (if different)

(NAME OF INDIVIDUAL OR BUSINESS)

(NUMBER AND STREET ADDRESS)

(NUMBER AND STREET ADDRESS, CONTINUED)

(CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE)

I REQUEST a REFUND or TRANSFER OF PROPERTY TAX OVERPAYMENTS MADE TO THE FOLLOWING ACCOUNT:

<input type="checkbox"/> REFUND AMOUNT	<u>FROM</u> LIST NUMBER:	UNIQUE ID (Real Estate/PP) or CT Motor Vehicle PLATE NO.	LIST YEAR
\$ _____	_____	_____	_____
<input type="checkbox"/> TRANSFER AMOUNT	<u>FROM</u> LIST NUMBER:	UNIQUE ID (Real Estate/PP) or CT Motor Vehicle PLATE NO.	LIST YEAR
\$ _____	_____	_____	_____
REMAINING BALANCE to be REFUNDED (if any)	<u>TO</u> LIST NUMBER:	UNIQUE ID (Real Estate/PP) or CT Motor Vehicle PLATE NO.	LIST YEAR
\$ _____	_____	_____	_____

I ATTEST THAT ANY FUNDS RESULTING FROM THIS REFUND/TRANSFER REQUEST ARE DUE SOLELY TO ME AS I HAVE MADE THE PAYMENTS DESCRIBED ABOVE, FROM ACCOUNT(S) UNDER MY CONTROL OR THOSE OF THIRD PARTIES REPRESENTING ME. NO OTHER INDIVIDUAL OR ENTITY SHALL LAY CLAIM TO SAID OVERPAYMENTS. FAILURE TO COMPLY SHALL RESULT IN THE DELAY OR REJECTION OF THE REQUEST.

SIGNATURE: _____ PRINT NAME: _____

DATE: _____, 20____ E-MAIL: _____ PHONE: _____

OFFICE USE ONLY - VERIFICATION OF DOCUMENTATION

FILING DEADLINES FOR TAX OVERPAYMENT REFUNDS/TRANSFERS SET IN ACCORDANCE WITH CONNECTICUT GENERAL STATUTES
SEC. 12-126 NO LIMIT SEC. 12-127 WITHIN ONE (1) YEAR SEC. 12-128 WITHIN SIX (6) YEARS SEC. 12-129 WITHIN THREE (3) YEARS

<input type="checkbox"/> SEC. 12-126 TANGIBLE PERSONAL PROP. ASSESSED IN MORE THAN ONE TOWN	<input type="checkbox"/> SEC. 12-129 INCORRECT ACCOUNT PAID CORRECT ACCT NO. _____
<input type="checkbox"/> SEC. 12-127 EXEMPTION NOT APPLIED	<input type="checkbox"/> SEC. 12-129 MOTOR VEHICLE ADJUSTMENT BAA / COC # _____
<input type="checkbox"/> SEC. 12-128 TAXES COLLECTED FROM VETERANS IN ERROR	
<input type="checkbox"/> SEC. 12-129 DUPLICATE / EXCESS PAYMENT(S)	

SIGNED BY TAXPAYER / AGENT / OFFICE YES NO
YEAR, ACCOUNT ID #, AMOUNT VERIFIED YES NO
PROOF OF PAYMENTS / RECEIPTS YES NO

LETTER FOR THIRD PARTY PAYMENTS (ON LETTERHEAD) YES NO
LENDER DISBURSEMENT VOUCHER (IF REQUIRED) YES NO
CLOSING STATEMENT (IF REQUIRED) YES NO
CORRECT ACCOUNT CURRENT YES NO
DELINQUENT TAXES YES NO

MV MARKER/PLATE # _____

PREPARED BY: _____ DATE: _____ BREAKDOWN: TAX _____ INTEREST _____

TRANSFER AMOUNT: _____ BY: _____ BATCH DATE: _____ BATCH #: _____

REFUND AMOUNT: _____ BY: _____ BATCH DATE: _____ BATCH #: _____

MAIL CITY OF STAMFORD FAX TAXATION SERVICES
TO: TAXATION SERVICES/REFUNDS TO: REFUND PROCESSING
P. O. BOX 10152 (203) 977-5898
STAMFORD, CT 06904-2152

APPROVAL: _____

ALL REQUIRED PAPERWORK MUST BE SUBMITTED TO PROCESS A REFUND