

GRAND LIST YEAR _____

BILL NO. _____

OFFICE OF THE TAX COLLECTOR

Town of Goshen
42A North Street
Goshen, CT 06756
taxcollector@goshenct.gov
Fax: 860.491.6028

PLEASE READ, SIGN AND DATE BELOW:

I, _____, hereby apply for a refund of motor vehicle, real estate, or personal property taxes (circle one) on the Grand List of _____ in the amount of \$_____.

I am entitled to this refund because I have made the payments 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 pretense.

See Conn. Gen. Stat. 12-129: Refund of Excess Payments.

Your signature below will indicate that you did make the overpayment and are in fact due the refund. Therefore, if you sign, indicate the method of disbursement you prefer and return this form to the Tax Collector, 42A North Street, Goshen, CT 06756, a refund check will be forthcoming.

Signed _____ Date _____

☐ Make check payable same.

☐ Make check payable to Tax Collector and apply to Bill No. _____

For Town Use Only

To the Board of Selectmen

Date _____

It is recommended that a refund of property taxes in the amount of \$_____ be made to the above named Taxpayer or the Tax Collector in accordance with the provisions of Section 12-129.

Rebecca M. Juchert-Derungs, Tax Collector, Town of Goshen

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Date of approval on the warrant by Board of Selectmen _____

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Check # _____

Processed in Tax Computer on _____