Application for Refund of Taxes Paid

Return to: Ledyard Tax Collector's Office
741 Colonel Ledyard Highway
Ledyard, CT 06339

Amount of Refund
$3,112.39

Date: January 22, 2025

Patricia Ference
57 Partridge Hollow Rd
Gales Ferry, CT 06335

RECEIVED
FEB 12 2025
By

PLEASE READ, SIGN, AND DATE BELOW:

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 for obtaining money under false pretenses.
I hereby apply for a refund of taxes paid in accordance with Conn. Gen Sate. 12/129.

√ Patricia L. Ference
Signature of Applicant/Agent
(Title of agent, where applicable)

Tax Collector's Signature

√ 2/10/25
Date Signed

2/10/2025
Date

Do Not Write Below This Box -- Office Use Only

Date of Payment: *1/8/2025*
Grand List Year: *2023*
Grand List Number: *58400*
Payment Type: *Check*
X *Received by mail/email*

Tax Type: *MV PP* ***RE*** *SMV*
Reason: ***Double payment for Jan installment***
Property Owner: ***Patricia Ference***
Property Location: ***6 57 Partridge Hollow Rd***
___ ***Hand delivered in the office***

ACTION TAKEN BY GOVERNING BODY

At a regular meeting of the Ledyard Town Council, held on the _____ day of _____, 2025, it was voted to refund property taxes amounting to $_____ to _____.

S. Naomi Rodriguez

Revision 1/4/2025

Application for Refund of Taxes Paid

Return to: Ledyard Tax Collector's Office
741 Colonel Ledyard Highway
Ledyard, CT 06339

Amount of Refund
$2,619.98

Date: January 28, 2025

Jessica Johnson
9 Martys Way
Gales Ferry, CT 06335

RECEIVED
FEB 05 2025
By

PLEASE READ, SIGN, AND DATE BELOW:

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 for obtaining money under false pretenses.
I hereby apply for a refund of taxes paid in accordance with Conn. Gen Sate. 12/129.

√ _____
Signature of Applicant/Agent
(Title of agent, where applicable)

_____
Tax Collector's Signature

√ 2-5-25
Date Signed

2/12/2025
Date

Do Not Write Below This Box -- Office Use Only

Date of Payment: *1/15/2025*
Grand List Year: *2023*
Grand List Number: *27200*
Payment Type: *Check*
___ *Received by mail/email*

Tax Type: *MV PP RE SMV*
Reason: *Double payment for Jan installment*
Property Owner: *Jessica Johnson*
Property Location: *6 Pequot Dr*
X *Hand delivered in the office*

ACTION TAKEN BY GOVERNING BODY

At a regular meeting of the Ledyard Town Council, held on the _____ day of _____, 2025, it was voted to refund property taxes amounting to $_____ to _____.

_____
S. Naomi Rodriguez

Revision 1/4/2025

Application for Refund of Taxes Paid

Return to: Ledyard Tax Collector's Office
741 Colonel Ledyard Highway
Ledyard, CT 06339

Amount of Refund
$3,079.65

Date: January 2, 2025

Law Office of Sean C Donohue
111 Huntington St, Suite 1
New London, CT 06320

RECEIVED
FEB 11 2025
By

PLEASE READ, SIGN, AND DATE BELOW:

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 for obtaining money under false pretenses.
I hereby apply for a refund of taxes paid in accordance with Conn. Gen Sate. 12/129.

√ _____
Signature of Applicant/Agent
(Title of agent, where applicable)

_____
Tax Collector's Signature

√ 2/11/25
Date Signed

2/12/2025
Date

Do Not Write Below This Box -- Office Use Only

Date of Payment: *12/30/2024*
Grand List Year: *2023*
Grand List Number: *164020*
Payment Type: *Check*
X *Received by mail/email*

Tax Type: *MV PP* ***RE*** *SMV*
Reason: ***Double payment for second installment***
Property Owner: ***Amanda Plante***
Property Location: ***57 Church Hill Rd***
___ ***Hand delivered in the office***

ACTION TAKEN BY GOVERNING BODY

At a regular meeting of the Ledyard Town Council, held on the _____ day of _____, 2025, it was voted to refund property taxes amounting to $_____ to _____.

_____
S. Naomi Rodriguez

Revision 1/4/2025

Application for Refund of Taxes Paid

Return to: Ledyard Tax Collector's Office
741 Colonel Ledyard Highway
Ledyard, CT 06339

Amount of Refund
$4,334.18

Date: January 29, 2025

Sheela Nerurkar
4 Kerrie CT
Gales Ferry, CT 06335

RECEIVED
FEB 11 2025
By

PLEASE READ, SIGN, AND DATE BELOW:

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 for obtaining money under false pretenses.
I hereby apply for a refund of taxes paid in accordance with Conn. Gen Sate. 12/129.

√ Sheela Nerurkar
Signature of Applicant/Agent
(Title of agent, where applicable)

Tax Collector's Signature

√ 02/07/2025
Date Signed

2/12/25
Date

Do Not Write Below This Box -- Office Use Only

Date of Payment: *7/22/2024*
Grand List Year: *2023*
Grand List Number: *164615*
Payment Type: *Check*
X *Received by mail/email*

Tax Type: *MV PP* ***RE*** *SMV*
Reason: *Double payment for July installment*
Property Owner: *Sheela Nerurkar*
Property Location: *4 Kerrie CT*
___ *Hand delivered in the office*

ACTION TAKEN BY GOVERNING BODY

At a regular meeting of the Ledyard Town Council, held on the _____ day of _____, 2025, it was voted to refund property taxes amounting to $_____ to _____.

S. Naomi Rodriguez

Revision 1/4/2025