

Air 24-0192

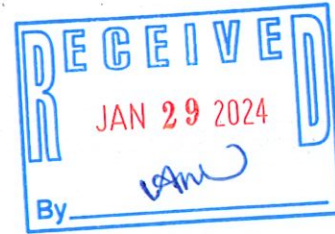
Application for Refund of Taxes Paid

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

Amount of Refund
\$2,811.11

Date: January 18, 2024

<i>Lisa or John Allen</i>
<i>665 Shewville Rd</i>
<i>Ledyard, CT 06339</i>



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.

✓ *Jise B. Allen* _____
Signature of Applicant/Agent **Tax Collector's Signature**
 (Title of agent, where applicable)

✓ 1/22/24 _____
Date Signed **Date**

Do Not Write Below This Box -- Office Use Only

Date of Payment: <i>1/5/2024</i>	Tax Type: <i>MV PP <u>RE</u> SMV</i>
Grand List Year: <i>2022</i>	Reason: <i>Over payment</i>
Grand List Number: <i>91620</i>	Property Owner: <i>Lisa or John Allen</i>
Payment Type: <i>Check</i>	Property Location: <i>665 Shewville Rd</i>
<input checked="" type="checkbox"/> <i>Received by mail/email</i>	<input type="checkbox"/> <i>Hand delivered in the office</i>

ACTION TAKEN BY GOVERNING BODY

At a regular meeting of the Ledyard Town Council, held on the _____ day of _____, 2024, it was voted to refund property taxes amounting to \$ _____ to _____.

S. Naomi Rodriguez

Am. 24-0192

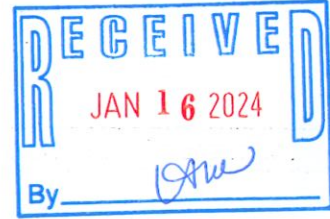
Application for Refund of Taxes Paid

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

Amount of Refund
\$3,256.25

Date: January 4, 2024

<i>Barbara Arthur</i>
<i>10 Robin Hood Dr</i>
<i>Gales Ferry, CT 06335</i>



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.

✓ *Barbara Arthur*
 Signature of Applicant/Agent
 (Title of agent, where applicable)

Tax Collector's Signature

✓ *Jan 13, 2024*
 Date Signed

Date

Do Not Write Below This Box -- Office Use Only

Date of Payment: <i>7/11/2023</i>	Tax Type: <i>MV PP RE SMV</i>
Grand List Year: <i>2022</i>	Reason: <i>over payment</i>
Grand List Number: <i>6050</i>	Property Owner: <i>Barbara Arthur</i>
Payment Type: <i>Check</i>	Property Location: <i>10 Robin Hood Dr</i>
<input checked="" type="checkbox"/> <i>Received by mail/email</i>	<input type="checkbox"/> <i>Hand delivered in the office</i>

ACTION TAKEN BY GOVERNING BODY

At a regular meeting of the Ledyard Town Council, held on the _____ day of _____, 2024, it was voted to refund property taxes amounting to \$ _____ to _____.

S. Naomi Rodriguez

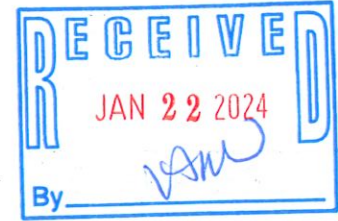
AIR #24-0192

Application for Refund of Taxes Paid

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

Amount of Refund
\$4,197.31

Date: January 16, 2024



<i>Charles and Mary Esposito</i>
<i>5 Cornell CT</i>
<i>Gales Ferry, CT 06335</i>

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.

✓ *Charles R Esposito* _____ Tax Collector's Signature
Signature of Applicant/Agent
 (Title of agent, where applicable)

✓ *1/19/2024* _____ Date
Date Signed _____ **Date**

Do Not Write Below This Box -- Office Use Only

Date of Payment: <i>1/2/2024</i>	Tax Type: <i>MV PP RE SMV</i>
Grand List Year: <i>2022</i>	Reason: <i>Double payment</i>
Grand List Number: <i>123676</i>	Property Owner: <i>Charles and Mary Esposito</i>
Payment Type: <i>Check</i>	Property Location: <i>5 Cornell CT</i>
<input type="checkbox"/> <i>Received by mail/email</i>	<input type="checkbox"/> <i>Hand delivered in the office</i>

ACTION TAKEN BY GOVERNING BODY

At a regular meeting of the Ledyard Town Council, held on the _____ day of _____, 2024, it was voted to refund property taxes amounting to \$ _____ to _____.

S. Naomi Rodriguez

Air #24-0192

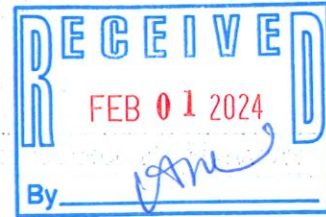
Application for Refund of Taxes Paid

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

Amount of Refund
\$3,602.19

Date: January 25, 2024

<i>Kineo Properties LLC</i>
<i>74 Crosswinds Dr</i>
<i>Noank, CT 06340</i>



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]* _____ Tax Collector's Signature
 Signature of Applicant/Agent
 (Title of agent, where applicable)

√ *2/1/24* _____ Date
 Date Signed Date

Do Not Write Below This Box -- Office Use Only

Date of Payment: <i>8/2/2023</i>	Tax Type: <i>MV PP RE SMV</i>
Grand List Year: <i>2022</i>	Reason: <i>triple payment</i>
Grand List Number: <i>163612</i>	Property Owner: <i>Kineo Properties</i>
Payment Type: <i>Check</i>	Property Location: <i>2 Colby Dr</i>
<input type="checkbox"/> <i>Received by mail/email</i>	<input checked="" type="checkbox"/> <i>Hand delivered in the office</i>

ACTION TAKEN BY GOVERNING BODY

At a regular meeting of the Ledyard Town Council, held on the _____ day of _____, 2024, it was voted to refund property taxes amounting to \$ _____ to _____.

S. Naomi Rodriguez

AIR # 24-0192

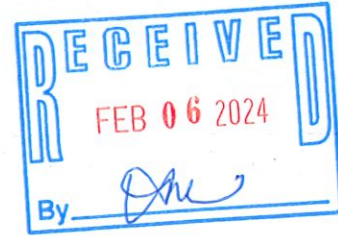
Application for Refund of Taxes Paid

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

Amount of Refund

\$4,254.17

Date: January 23, 2024



<i>Sheela Nerurkar</i>
<i>4 Kerrie CT</i>
<i>Gales Ferry, CT 06335</i>

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

✓ *02/01/2024*
Date Signed

Date

Do Not Write Below This Box -- Office Use Only

Date of Payment: <i>7/17/2023</i>	Tax Type: <i>MV PP <u>RE</u> SMV</i>
Grand List Year: <i>2022</i>	Reason: <i>Over payment</i>
Grand List Number: <i>164615</i>	Property Owner: <i>Sheela Nerurkar</i>
Payment Type: <i>Check</i>	Property Location: <i>4 Kerrie CT</i>
<input checked="" type="checkbox"/> <i>Received by mail/email</i>	<input type="checkbox"/> <i>Hand delivered in the office</i>

ACTION TAKEN BY GOVERNING BODY

At a regular meeting of the Ledyard Town Council, held on the _____ day of _____, 2024, it was voted to refund property taxes amounting to \$_____ to _____.

S. Naomi Rodriguez

AIR #24-0192

Application for Refund of Taxes Paid

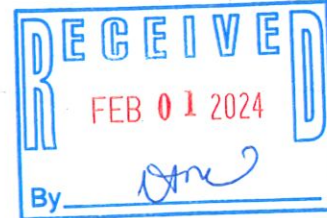
Return to: Ledyard Tax Collector's Office
741 Colonel Ledyard Highway
Ledyard, CT 06339

Amount of Refund

\$4,304.97

Date: January 23, 2024

<i>Matthew or Holly Opalenik</i>
<i>30 Vinegar Hill Rd</i>
<i>Gales Ferry, CT 06335</i>



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.

✓ *Matthew Opalenik*
Signature of Applicant/Agent
 (Title of agent, where applicable)

Tax Collector's Signature

✓ *28-Jan-2024*
Date Signed

Date

Do Not Write Below This Box -- Office Use Only

Date of Payment: <i>1/12/2024</i>	Tax Type: <i>MV PP RE SMV</i>
Grand List Year: <i>2022</i>	Reason: <i>Over payment</i>
Grand List Number: <i>32601</i>	Property Owner: <i>Matthew or Holly Opalenik</i>
Payment Type: <i>Check</i>	Property Location: <i>30 Vinegar Hill Rd</i>
<input checked="" type="checkbox"/> <i>Received by mail/email</i>	<input type="checkbox"/> <i>Hand delivered in the office</i>
<i>Envelope 2 Refunds</i>	

ACTION TAKEN BY GOVERNING BODY

At a regular meeting of the Ledyard Town Council, held on the _____ day of _____, 2024, it was voted to refund property taxes amounting to \$ _____ to _____.

S. Naomi Rodriguez