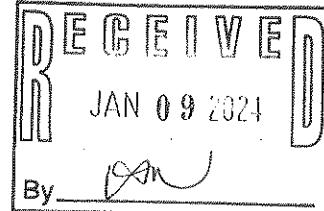


Application for Refund of Taxes Paid

| | | |
|------------|--|-------------------|
| Return to: | Ledyard Tax Collector's Office 741 Colonel Ledyard Highway Ledyard, CT 06339 | Amount of Refund |
| | | <u>\$3,033.20</u> |

Date: January 4, 2024

| |
|--------------------------|
| <i>John C Helming</i> |
| <i>57 Homestead 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 Stat. 12/129.

John C. Helming
Signature of Applicant/Agent
(Title of agent, where applicable)

[Signature]
Tax Collector's Signature

1/9/2024
Date Signed

1/9/2024
Date

Do Not Write Below This Box -- Office Use Only

| | |
|-----------------------------------|--|
| Date of Payment: <u>7/10/2023</u> | Tax Type: <u>MV</u> <u>PP</u> <u>RE</u> <u>SMV</u> |
| Grand List Year: <u>2022</u> | Reason: <u>Triple payment</u> |
| Grand List Number: <u>77350</u> | Property Owner: <u>John Helming</u> |
| Payment Type: <u>Check</u> | Property Location: <u>57 Homestead Rd</u> |
| <u>Received by mail/email</u> | <u>Hand delivered in the office</u> |

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

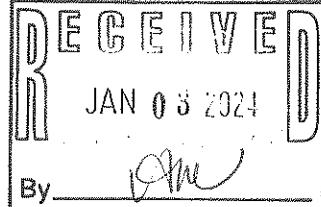
Application for Refund of Taxes Paid

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

Amount of Refund
\$2,841.35

Date: January 2, 2024

*MPTN Finance Department
P O Box 3008
Mashantucket, CT 06338
Attn: Cheryl Barrett*

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. Stat. 12/129.

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

Tax Collector's Signature

1-2-2024

Date Signed

1-9-2024

Date

Do Not Write Below This Box -- Office Use Only

Date of Payment: 12/26/2023
Grand List Year: 2022
Grand List Number: 59230
Payment Type: Check
 Received by mail/email

Tax Type: MV PP RE SMV
Reason: *Triple payment*
Property Owner: *Kendra Perry*
Property Location: *83 Indianstown 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 _____, 2024, it was voted to refund property taxes amounting to \$ _____ to _____.

S. Naomi Rodriguez