

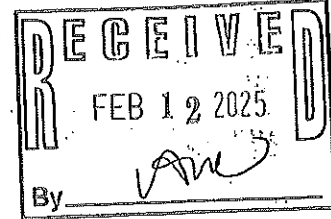
Application for Refund of Taxes Paid

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

Amount of Refund
\$3,112.39

Date: January 22, 2025

<i>Patricia Ference</i>
<i>57 Partridge Hollow 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.

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

[Signature]
 Tax Collector's Signature

2/10/25
 Date Signed

2/10/25
 Date

Do Not Write Below This Box -- Office Use Only

Date of Payment: <i>1/8/2025</i>	Tax Type: <i>MV PP RE SMV</i>
Grand List Year: <i>2023</i>	Reason: <i>Double payment for Jan installment</i>
Grand List Number: <i>58400</i>	Property Owner: <i>Patricia Ference</i>
Payment Type: <i>Check</i>	Property Location: <i>6 57 Partridge Hollow Rd</i>
<i>X</i> Received by mail/email	<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 _____, 2025, it was voted to refund property taxes amounting to \$ _____ to _____.

S. Naomi Rodriguez

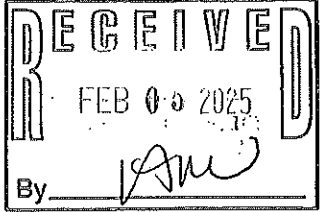
Application for Refund of Taxes Paid

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

Amount of Refund
\$2,619.98

Date: January 28, 2025

Jessica Johnson
9 Martys Way
Gales Ferry, CT 06335



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

[Signature]
Tax Collector's Signature

[Signature]
Date Signed

2/12/2025
Date

Do Not Write Below This Box -- Office Use Only

Date of Payment: 1/15/2025	Tax Type: <i>MV</i> <i>PP</i> <u>RE</u> <i>SMV</i> <small>away</small>
Grand List Year: 2023	Reason: <i>Double payment for Jan installment</i>
Grand List Number: 27200	Property Owner: <i>Jessica Johnson</i>
Payment Type: <i>Check</i>	Property Location: <i>6 Pequot 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 _____, 2025, it was voted to refund property taxes amounting to \$ _____ to _____.

S. Naomi Rodriguez

Application for Refund of Taxes Paid

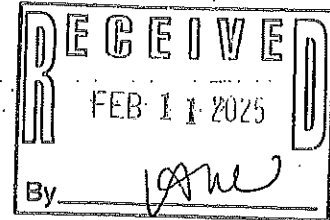
Return to: Ledyard Tax Collector's Office
741 Colonel Ledyard Highway
Ledyard, CT 06339

Amount of Refund

\$3,079.65

Date: January 2, 2025

<i>Law Office of Sean C Donohue</i>
<i>111 Huntington St, Suite 1</i>
<i>New London, CT 06320</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]
Signature of Applicant/Agent
 (Title of agent, where applicable)

[Signature]
Tax Collector's Signature

2/11/25
Date Signed

2/11/2025
Date

Do Not Write Below This Box -- Office Use Only

Date of Payment: <i>12/30/2024</i>	Tax Type: <i>MV PP RE SMV</i>
Grand List Year: <i>2023</i>	Reason: <i>Double payment for second installment</i>
Grand List Number: <i>164020</i>	Property Owner: <i>Amanda Plante</i>
Payment Type: <i>Check</i>	Property Location: <i>57 Church Hill 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 _____, 2025, it was voted to refund property taxes amounting to \$ _____ to _____.

S. Naomi Rodriguez

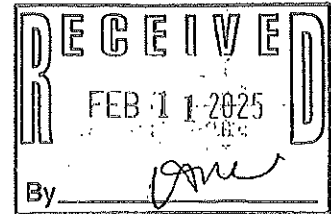
Application for Refund of Taxes Paid

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

Amount of Refund
\$4,334.18

Date: January 29, 2025

<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)

[Signature]
 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: <i>7/22/2024</i>	Tax Type: <i>MV PP RE SMV</i>
Grand List Year: <i>2023</i>	Reason: <i>Double payment for July installment</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 _____, 2025, it was voted to refund property taxes amounting to \$ _____ to _____.

S. Naomi Rodriguez