

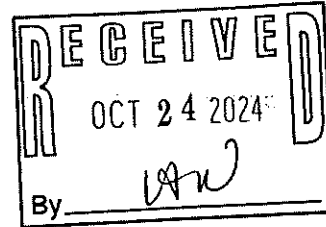
Application for Refund of Taxes Paid

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

Amount of Refund
\$3,901.97

Date: October 22, 2024

<i>Corelogic Centralized Refunds</i>
<i>P O Box 9202</i>
<i>Coppell, TX 75019-9760</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.

Please provide payment information to validate the request for 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

10/24/24
Date Signed

11/19/2024
Date

Do Not Write Below This Box -- Office Use Only

Date of Payment: <i>1/20/2022</i>	Tax Type: <i>MV PP RE SMV</i>
Grand List Year: <i>2020</i>	Reason: <i>Double payment for Jan 2022 installment</i>
Grand List Number: <i>165220</i>	Property Owner: <i>Marlie Schmidt</i>
Payment Type: <i>Check</i>	<i>Gardner</i>
<input checked="" type="checkbox"/> <i>Received by mail/email</i>	Property Location: <i>439 Colonel Ledyard Hwy</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

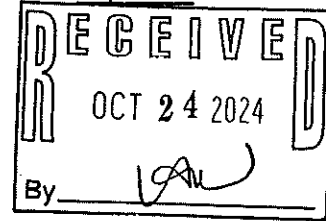
Application for Refund of Taxes Paid

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

Amount of Refund

\$2,657.76

Date: October 10, 2024



<i>Corelogic Centralized Refunds</i>
<i>P O Box 9202</i>
<i>Coppell, TX 75019-9760</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.

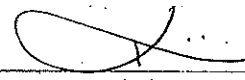
Please provide payment information to validate the request for refund.

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

✓ 10/24/24

Date Signed

11/19/2024

Date

Do Not Write Below This Box -- Office Use Only

Date of Payment: <i>1/1/2022</i>	Tax Type: <i>MV PP RE SMV</i>
Grand List Year: <i>2020</i>	Reason: <i>Double payment for Jan 2022 installment</i>
Grand List Number: <i>114910</i>	Property Owner: <i>Anthony & Genelle Smith</i>
Payment Type: <i>Check</i>	Property Location: <i>19 Van Tassell 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