

APPROVED FOR PAYMENT

DATE: \_\_\_\_\_

SIG: \_\_\_\_\_

P.O.#: \_\_\_\_\_

GENERAL FUND TAX REBATES

10.000.0000.550.570.00.021.20

TOWN OF WOODSTOCK  
TAX COLLECTOR'S OFFICE  
415 ROUTE 169  
WOODSTOCK, CT 06281  
PH 860-928-9469 / FAX 860-963-7557

## APPLICATION FOR REFUND

DATE: \_\_\_\_\_

PAYMENT TO:

HOLDING ESCROW FOR:

NAME

NAME

STREET OR PO BOX

PROPERTY ADDRESS

CITY / TOWN      STATE      ZIP

I HEREBY APPLY FOR A REFUND OF \_\_\_\_\_ TAXES ON THE GRAND LIST

OF OCTOBER 1, 20\_\_\_\_ IN THE AMOUNT OF \$\_\_\_\_\_.

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 OBTAINING MONEY UNDER FALSE PRETENSE. SEE CT GENERAL STATUTE 12-129: REFUND OF EXCESS PAYMENTS.

X

SIGNATURE OF APPLICANT / AGENT  
(TITLE OF AGENT, WHERE APPLICABLE)

TAX COLLECTOR'S SIGNATURE / DATE

X

DATE SIGNED

SELECTMEN'S SIGNATURE / DATE

LIST #	PLATE #	REASON	ORIGINAL AMT	/	ADJUSTED AMT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL OF ORIGINAL AMOUNTS: \_\_\_\_\_

DIFFERENCE: \_\_\_\_\_

TOTAL OF ADJUSTED AMOUNTS: \_\_\_\_\_

\* DIFFERENCE SHOULD EQUAL REFUND AMOUNT.