

Application for Refund of Taxes Paid

Return to: Morris Tax Collector
P.O. Box 66
Morris, CT 06763

Amount of Refund:
\$ _____

Name/Mailing Address

Pay to: _____

**PLEASE SEND COPY OF
APPLICATION WITH
CHECK**

PLEASE READ, SIGN AND DATE BELOW:

I hereby apply for a refund of _____ taxes on the grand list of
_____ 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 Conn. Gen. Stat. 12-129: Refund of Excess Payments.

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

Tax Collector's Signature

Date Signed

Date Signed

At a regular meeting of the Board of Selectmen, it was voted to accept this request.

Approved by _____ **Date** _____
Acct. # _____
Amount \$ _____
Entered by _____ **Date** _____
Ck # _____ **Date** _____

PLEASE DO NOT DETACH ANY PART OF THIS FORM

Tax Collector's Office Use ONLY:

Date of Payment: _____ Grand List Year/Number: _____

Property Owner: _____

Property Location or Motor Vehicle ID: _____

Remarks:

A or O