



Refund # _____

Tax Collector, Town of Ridgefield
PO Box 299
Ridgefield, CT 06877
(203) 431-2779 · Fax: (203) 431-2722
Email: taxoffice@ridgefieldct.org

REQUEST FOR REFUND OF TAXES

Taxpayer: *Please fill out Section I below, sign and return to the Tax Collector.
Please note that any refund request will only be honored if there are no outstanding bills.*

Section I:

I, _____ of _____

hereby apply for a refund of Real or Personal property taxes paid on:

List number _____, Plate number _____

in the amount of \$_____. Reason for refund request being: _____

We kindly ask that you please provide us with your contact information should we have any questions:

Email _____ Phone _____

Please mail check to: _____

Signature _____ Date _____

Section II:

I, Jane Berendsen-Hill, Tax Collector of the Town of Ridgefield, request that a refund of \$_____ be made to the above named taxpayer in accordance with Section #12-57 and Section #12-129 of the Connecticut General Statutes.

Date Tax Collector

Section III:

Finance Dept.

Account #10900-43131

Approved to be paid _____ (please initial)