

CITY OF NEW HAVEN
BOARD OF ALDERS

Application for Tax Abatement Assistance

I. APPLICANT INFORMATION

- A. APPLICATION DATE: 10/20/2025
- B. APPLICANT NAME: TAUWANNA GOODMAN
- C. ADDRESS: 26 BARNEH ST
NEW HAVEN CT 06515
- D. Phone Numbers: 203-901-2859
- E. Email: TAUWANNA60@gmail.com

II. APPLICATION SUMMARY

A. Requested Assistance:

- Car Taxes
 Other _____

B. Tax Account Numbers:

Forgive 70426
Reduce interest 85957

C. Comments on what assistance you are seeking and why you need this assistance:

See above

(Continue on back if needed)

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
BRANCH OPERATIONS DIVISION

On The Web At ct.gov/dmv



INSTRUCTIONS:

1. Seller of motor vehicle or vessel must complete, sign, and give this form to the purchaser. Seller should maintain copy for records.
2. Purchaser must present the completed form to the Motor Vehicle Department with other forms required for proper registration.

SALE OF (Check one)		<input checked="" type="checkbox"/> MOTOR VEHICLE		<input type="checkbox"/> VESSEL		<input type="checkbox"/> OTHER (Specify)	
SELLER		NAME TAUWANNA GOODMAN					
SELLING PRICE		\$ 2000		ADDRESS (Number and Street) 27 BARNETT ST NEW HAVEN CT 06515		(City or Town) (State) (Zip Code)	
PURCHASER INFORMATION		NAME Keith Hignsmith 190 James St		ADDRESS (Number and Street) New Haven Ct		(City or Town) (State) (Zip Code) 06513	
DESCRIPTION OF MOTOR VEHICLE		MAKE INF		YEAR 2013		COLOR(S) SILVER	
DESCRIPTION OF VESSEL		ODOMETER READING 149,761		MODEL NAME OR NUMBER G37		BODY STYLE (4-Dr. Sedan, etc.) SED	
CERTIFICATION AND SIGNATURE		MODEL YEAR HULL I.D. NUMBER (Required if built 1973 or later)		MAKE		OUT OF STATE VESSEL NUMBER STATE	
I declare under penalty of false statement that the information furnished above is true and complete to the best of my knowledge and belief.		SIGNATURE OF SELLER X <i>Tauanna Goodman</i>		DATE 12-12-2020		STATE	