

CITY OF NEW HAVEN
BOARD OF ALDERS

Sept 10

Application for Tax Abatement Assistance

I. APPLICANT INFORMATION

- A. APPLICATION DATE: ~~8/15/25~~ 8/15/25
- B. APPLICANT NAME: Bridget Chisolm
- C. ADDRESS: 41 Bassett St
New Haven, CT 06511
- D. Phone Numbers: 203-507-7288
- E. Email: _____

II. APPLICATION SUMMARY

A. Requested Assistance:

- ☒ Car Taxes
☐ Other _____

B. Tax Account Numbers:

82139

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

Abatement of interest

(Continue on back if needed)

TAXPAYER'S COPY C

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Return Agreement

Corporate Use Only
Vendor ID: _____
Handling Code: _____

Type of Return: ☒ Vehicle ☒ MaxCare ☐ Accessory ☐ Transfer Vin: 1C4RJFBG9KC840622
Purchase Date: 03 / 18 / 2023 Return Date: 04 / 16 / 23 Location Number: 7287
Mileage at time of purchase: 30,345 Mileage at time of return: 31,807
Has it been more than 30 days or has vehicle been driven more than 1,500 miles since Purchase Date? ☐ Yes ☒ No
If Yes, Store Manager's Signature: _____ Damage or Condition Offset: \$0.00
Customer Name: BRIDGET CHISOLM ("you" or "your")
Stock Number: 23742093 Year/Make/Model: 2019 JEEP GRAND CHEROKEE (the "Vehicle")
Reason for Vehicle Return: Customer doesn't want
Reason for MaxCare Return: VEHICLE RETURN
Reason for Accessory Return: _____
Reason for Transfer Return: _____
Is Customer Purchasing another vehicle? ☐ No ☐ Yes
If Yes, Stock Number: _____ Year/Make/Model: _____

Tender Date	Original Item	Orig. Item Amt.	Returned Item	Ret. Item Amt.
03/18/2023 03/19/2023	SANTANDER DMV Fee Mail Refund	\$41,975.77 (\$36.76)	SANTANDER Return Debit Card	(\$41,975.77) \$36.76
Total		\$41,939.01	Total	(\$41,939.01)

My held check has been returned to me. _____ (Customer's Initials)

Customer has provided proof that check(s) have been stop paid or have cleared their account ☐ Yes ☐ No

Customer's address at time of purchase is current? ☐ Yes ☐ No (if no, please note new address in special instructions)

BOA: _____ Date Tendered: 4/16/23

Sales Manager: _____

I understand that if I wrote a check in connection with this transaction, CarMax must confirm that the check has cleared my bank account before issuing me a refund. Consequently, I, _____, hereby authorize _____ ("Financial Institution") to release any and all information regarding the check(s) written in connection with this transaction to CarMax, its affiliates and/or assignees. I fully understand and voluntarily sign this consent.

CUSTOMER HAS READ AND AGREES TO TERMS ON THE BACK OF THIS AGREEMENT.

Customer's Signature: _____ Date: 4/16/23

Customer Financial Refund Check payable to: BRIDGET CHISOLM Address: 41 BASSETT ST NEW HAVEN CT 06511 Phone Number: _____ Fax to Accounting Immediately (804) 935-4528 Accounting Approval: _____	Tax Refund (If Applicable) Check payable to: _____ Address: _____ Phone Number: _____ VIN # _____ Title _____ Tax # _____
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SPECIAL INSTRUCTIONS

(12/2020)



04/16/2023 04:06 pm 1 of 1
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