

**CITY OF NEW HAVEN
BOARD OF ALDERS**

Application for Tax Abatement Assistance

I. APPLICANT INFORMATION

A. APPLICATION DATE: _____

B. APPLICANT NAME: ALEXIS BOYD

C. ADDRESS: 125 Diamond

D. Phone Numbers: _____

E. Email: _____

II. APPLICATION SUMMARY

A. Requested Assistance:

☒ Car Taxes

☐ Other _____

B. Tax Account Numbers:

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

Extension of time

(Continue on back if needed)