

CITY OF NEW HAVEN  
BOARD OF ALDERS

Application for Tax Abatement Assistance

I. APPLICANT INFORMATION

A. APPLICATION DATE: Ruth Núñez 09/27/24

B. APPLICANT NAME: Ruth Núñez

C. ADDRESS: 350 DAVENPORT AVE. #1  
NEW HAVEN CT 06519

D. Phone Numbers: 203 901 2918

E. Email: hugomontesinos08@gmail.com

II. APPLICATION SUMMARY

A. Requested Assistance:

Car Taxes

Other \_\_\_\_\_

B. Tax Account Numbers:

# 0097116

0107635

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

WAIVE Interest.

(Continue on back if needed)



MOTOR VEHICLE TAX BILL 2022

TAXPAYER'S COPY C

Make check payable to:  
CITY OF NEW HAVEN - TAX COLLECTOR  
165 CHURCH ST  
NEW HAVEN CT 06510  
(203) 946-8054

2014 TOYOT CAMRY 01  
AE87095 4T4BF1FK9ER409704

LIST NUMBER 2021-03-0107635	DIST	BANK	ON GRAND LIST OCTOBER 1, 2021		TOTAL DUE <b>\$418.68</b>	PAYMENT DUE JUL 01, 2022 <b>\$218.06</b>	PAYMENT DUE JAN 01, 2023 <b>\$200.62</b>
MILL RATE 32.4600	GROSS ASSESSMENT	EXEMPTION	NET ASSESSMENT 9400			DELINQUENT AFTER AUG 01, 2022	DELINQUENT AFTER FEB 01, 2023

107635 COC# 13704  
NUNEZ RUTH  
350 DAVENPORT AVE R1  
NEW HAVEN CT 06519

TAX \$305.12  
INTEREST \$107.56  
LIEN/FEE \$6.00  
**TOTAL DUE \$418.68**

printed Date : 09/27/2024 12:35:23 pm



\*2021030107635\*

MOTOR VEHICLE TAX BILL 2022

RETURN WITH 2ND PAYMENT B

Make check payable to:  
CITY OF NEW HAVEN - TAX COLLECTOR  
165 CHURCH ST  
NEW HAVEN CT 06510  
(203) 946-8054

2014 TOYOT CAMRY 01  
AE87095 4T4BF1FK9ER409704

LIST NUMBER 2021-03-0107635	DIST	BANK	ON GRAND LIST OCTOBER 1, 2021		TOTAL DUE NOW <b>\$200.62</b>	PAYMENT DUE JAN 01, 2023 <b>\$200.62</b>
MILL RATE 32.4600	GROSS ASSESSMENT	EXEMPTION	NET ASSESSMENT 9400			DELINQUENT AFTER FEB 01, 2023

107635 COC# 13704  
NUNEZ RUTH  
350 DAVENPORT AVE R1  
NEW HAVEN CT 06519

TAX \$152.56  
INTEREST \$48.06  
LIEN/FEE \$0.00  
**TOTAL DUE \$200.62**

printed Date : 09/27/2024 12:35:23 pm



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MOTOR VEHICLE TAX BILL 2022

RETURN WITH 1ST PAYMENT A

Make check payable to:  
CITY OF NEW HAVEN - TAX COLLECTOR  
165 CHURCH ST  
NEW HAVEN CT 06510  
(203) 946-8054

2014 TOYOT CAMRY 01  
AE87095 4T4BF1FK9ER409704

LIST NUMBER 2021-03-0107635	DIST	BANK	ON GRAND LIST OCTOBER 1, 2021		TOTAL DUE NOW <b>\$218.06</b>	PAYMENT DUE JUL 01, 2022 <b>\$218.06</b>
MILL RATE 32.4600	GROSS ASSESSMENT	EXEMPTION	NET ASSESSMENT 9400			DELINQUENT AFTER AUG 01, 2022

107635 COC# 13704  
NUNEZ RUTH  
350 DAVENPORT AVE R1  
NEW HAVEN CT 06519

TAX \$152.56  
INTEREST \$59.50  
LIEN/FEE \$6.00  
**TOTAL DUE \$218.06**

printed Date : 09/27/2024 12:35:23 pm



\*2021030107635\*

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# STATE OF CONNECTICUT

Department of Motor Vehicles  
60 State Street, Wethersfield, CT 06161  
On the Web at [ct.gov/dmv](http://ct.gov/dmv)

SAFETY  
SECURITY  
SERVICE

# DMV

Date: April 30, 2024

NUNEZ, RUTH  
2 TREAT ST APT 10A  
WEST HAVEN, CT 06516-2641



## Plate Disposition Receipt

The following registration has been Cancelled effective: April 30, 2024

Owner(s): NUNEZ, RUTH  
Renewal Customer: NUNEZ, RUTH  
Tax Town: 156 - WEST HAVEN  
Termination Date: 4/30/2024 01:05 PM  
Termination Reason: Cancelled, Sold  
Termination Location: Bridgeport - Full Service  
VIN: 4T4BF1FK9ER409704  
Plate Number: AE87095  
Plate Class: Passenger  
Plate Disposition: Returned

**INSURANCE IDENTIFICATION CARD - Connecticut**  
ISSUED PURSUANT TO CONNECTICUT LAW  
Policy Number: 935631412 NAIC Number: 24260  
Effective Date: 07/18/2022 Expiration Date: 01/18/2023  
Insurer: Progressive Casualty Insurance Co 1-800-876-5581  
P.O. Box 6807 Cleveland, OH 44101

Named Insured(s):  
RUTH NUNEZ

Your Agent:  
AMERICAN NATIONAL CA 1-203-287-8411  
2340 WHITNEY AVE  
HAMDEN, CT 06518

Year	Make	Model	VIN
2014	TOYOTA	CAMRY	4T4BF1FK8ER709704



*[Signature]*  
Signature of Authorized Officer of the Insurer

KEEP THIS CARD IN THE VEHICLE AT ALL TIMES. SEE REVERSE SIDE.  
If a covered vehicle is replaced, fill in the following information for the replacement vehicle:

Year	Make	Model
------	------	-------

The vehicle which is replaced is not covered as of the registration effective date of the replacement vehicle.

**IMPORTANT NOTICE:** Please keep this receipt and contact your local Assessor's Office, who may require a copy of this receipt and other information to adjust your tax bill.

*[Signature]*  
4/30/24

NO SELLER SHALL ASSIGN TITLE OF A VEHICLE OR VESSEL WITHOUT INSERTING THE BUYER'S NAME AND ADDRESS ON THE ASSIGNMENT AND WARRANTY OF TITLE.

## ASSIGNMENT OF OWNERSHIP

**NOTICE: ANY ALTERATION OR ERASURE VOIDS THE ASSIGNMENT**

BUYER(S): Do not sign below until all sections of the assignment have been completed and signed by seller(s).

**WARNING: Federal law requires that you state the mileage in connection with a transfer of ownership of a vehicle. Failure to complete the Odometer Disclosure Statement or providing a false statement may result in fines and/or imprisonment.**

### MOTOR VEHICLE FIRST RE-ASSIGNMENT BY OWNER

Was this vehicle at the time of sale in condition for legal operation on the highway(s) of this state? (Only Dealers must respond to this question)  YES  NO

#### ODOMETER SECTION FOR VEHICLES ONLY

I state that the odometer now reads 114200 (No tenths) miles and to the best of my knowledge that the odometer reading specified here reflects the **ACTUAL MILEAGE** of the vehicle described herein unless one of the following statements is checked.

#### CHECK A BOX BELOW ONLY IF APPLICABLE

I hereby certify that the odometer reading reflects the amount of MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS. (The odometer started at zero again)

I hereby certify that the odometer reading is not actual mileage.  
**WARNING: ODOMETER DISCREPANCY**

NAME OF BUYER(S) (Please print)

JULIO GONZALEZ

DEALER'S LICENSE NO. (If dealer)

ADDRESS OF BUYER(S) (Please print)

294 Pequonnock - 517

NAME OF LIENHOLDER TO BE SHOWN ON NEW TITLE (If no lien, print "NONE")

DATE OF LIEN

SIGNATURE OF BUYER(S) (Or authorized official)

X

PRINTED NAME OF BUYER(S) (Authorized official)

NAME OF SELLER(S) (Please print)

RUTH NUNEZ

DATE SOLD

09-01-23

DEALER'S LICENSE NO. (If dealer)

SIGNATURE OF SELLER(S) (Or authorized official)

X

PRINTED NAME OF SELLER(S) (Authorized official)

RUTH NUNEZ

### MOTOR VEHICLE SECOND RE-ASSIGNMENT BY OWNER

Was this vehicle at the time of sale in condition for legal operation on the highway(s) of this state? (Only Dealers must respond to this question)  YES  NO

#### ODOMETER SECTION FOR VEHICLES ONLY

I state that the odometer now reads            (No tenths) miles and to the best of my knowledge that the odometer reading specified here reflects the **ACTUAL MILEAGE** of the vehicle described herein unless one of the following statements is checked.

#### CHECK A BOX BELOW ONLY IF APPLICABLE

I hereby certify that the odometer reading reflects the amount of MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS (The odometer started at zero again)

I hereby certify that the odometer reading is not actual mileage.  
**WARNING: ODOMETER DISCREPANCY**

NAME OF BUYER(S) (Please print)

DEALER'S LICENSE NO. (If dealer)

ADDRESS OF BUYER(S) (Please print)

NAME OF LIENHOLDER TO BE SHOWN ON NEW TITLE (If no lien, print "NONE")

DATE OF LIEN

SIGNATURE OF BUYER(S) (Or authorized official)

X

PRINTED NAME OF BUYER(S) (Authorized official)

NAME OF SELLER(S) (Please print)

DATE SOLD

DEALER'S LICENSE NO. (If dealer)

SIGNATURE OF SELLER(S) (Or authorized official)

X

PRINTED NAME OF SELLER(S) (Authorized official)

### ASSIGNMENT FOR VESSEL ONLY - ALL OWNERS MUST SIGN TO TRANSFER VESSEL OWNERSHIP

NAME OF SELLER(S) - LIST ALL OWNERS (Please print)

SALES TAX # IF VESSEL DEALER

DEALER'S LICENSE NO. (If dealer)

DATE SOLD

PRINTED NAME OF SELLER(S) (Authorized official)

The undersigned certifies that the information provided to the Commissioner of Motor Vehicles herein is subscribed by me under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement which I do not believe to be true I will be subject to prosecution under the laws cited in this statement.

SIGNATURE OF SELLER(S) (Or authorized official)

X

NAME OF LIENHOLDER TO BE SHOWN ON NEW TITLE (If no lien, print "NONE")

DATE OF LIEN

NAME OF BUYER(S) - LIST ALL BUYERS (Please print)

ADDRESS OF BUYER(S) (Please print)

PRINTED NAME OF BUYER(S) (Authorized official)

SIGNATURE OF BUYER(S) (Or authorized official)

X

AMERICAN NATIONAL CA  
2340 WHITNEY AVE  
HAMDEN, CT 06518

**PROGRESSIVE**  
AUTO

RUTH NUNEZ  
2 TREAT ST APT 10A  
WEST HAVEN, CT 06516

RUTH NUNEZ

Valued customer since 2016

**Policy Number: 935631412**

Underwritten by:

Progressive Casualty Insurance Co

Date of Mailing: August 31, 2023

Policy Period: Jul 18, 2023 - Jan 18, 2024

Page 1 of 1

**AMERICAN NATIONAL CA**

**1-203-287-8411**

**Online Service**

[agent.progressive.com](http://agent.progressive.com)

**Customer Service**

**1-800-876-5581**

## Final Bill

Please note that you no longer have insurance with us, effective August 31, 2023.

We canceled your policy at your request, but there is still a balance due on your canceled policy term. Please see your payment summary below for more information. If you already sent your payment, thank you, but please know that your payment will not reinstate your policy. Failure to pay the amount owed by the due date may result in your referral to a collections agency.

If you've scheduled a payment, we've canceled it; please pay the amount due (if any).

If you have questions about your cancellation, or would like to learn how to keep this policy or purchase a new one, please call your agent.

Policy premium for coverage until August 31, 2023	\$212.22
Installment fees	2.00
Total	\$214.22
Total amount paid	-149.03
<b>Total amount due</b>	<b>\$65.19</b>
<b>Due date</b>	<b>September 1, 2023</b>

## Payment Coupon

<b>Total amount due</b>	<b>\$65.19</b>
<b>Due date</b>	<b>September 1, 2023</b>
Amount enclosed	\$

**Policy Number: 935631412**

RUTH NUNEZ

**For immediate payment**, please go to  
[agent.progressive.com](http://agent.progressive.com) or call  
1-800-876-5581.

**If you pay by check**, please allow five to seven days for your payment to reach us. Write your policy number on the check and make it payable to Progressive Casualty Insurance Co.



PROGRESSIVE  
PO BOX 7247-0311  
PHILADELPHIA PA 19170-0311

Do not write below this section of coupon.  
PN-76924 Form 6269 CT (04/18)

A-AAABLE INSURANCE  
2285 WHITNEY AVE 1ST FLR  
HAMDEN, CT  
06518

416917 16 S10507439.3 001 000016

RUTH NUNEZ  
210 PEARL ST 3RD FLOOR  
BRIDGEPORT, CT  
06608



# CERTIFICATE OF TITLE



## STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES

VEHICLE/HULL IDENTIFICATION NUMBER (VIN/HIN) 4T4BF1FK9ER409704	TITLE NUMBER AA0592724	DATE OF ISSUE 07/15/2016	PRIOR TITLE NUMBER 6769519	PRIOR STATE RI				
PURCHASED 06/07/2016	YEAR 2014	MAKE Toyot	MODEL Camry L/	BODY STYLE 4D	CYL 04	NEW/USED USED	ODOMETER 051619	FUEL TYPE Gasoline
VESSEL TYPE	HULL MATERIAL	ENGINE DRIVE TYPE	PROPULSION TYPE	LENGTH				

**OWNER(S)**  
NUNEZ, RUTH  
14 CORONA DR  
MILFORD, CT 06460 - 3509

**FIRST LIENHOLDER**  
WELLS FARGO DEALER SERVICES  
PO BOX 997517  
SACRAMENTO, CA 95899

**SECOND LIENHOLDER**

Wachovia Dealer Services, Inc  
WFS Financial Inc.  
WFS FNCL INC  
Wells Fargo Dealer Services  
Without Warranty

**DATE OF LIEN**  
06/07/2016

**DATE OF LIEN**

RELEASE OF LIENS	
FIRST LIEN INTEREST IN DESCRIBED VEHICLE/VESSEL IS HEREBY RELEASED	
NAME	
AUTHORIZED SIGNATURE X	DATE RELEASED MAY 05 2023
SECOND LIEN INTEREST IN DESCRIBED VEHICLE/VESSEL IS HEREBY RELEASED	
NAME	
AUTHORIZED SIGNATURE X	DATE RELEASED

SB0604 REV. 12/15

WELLS FARGO DEALER SERVICES  
PO BOX 997517  
SACRAMENTO, CA 95889



The Commissioner of Motor Vehicles hereby certifies that an application for a certificate of title for the vehicle/vessel described herein has been duly filed, pursuant to the provisions of the laws of the State of Connecticut, and based on the statements of the applicant and the records on file with this agency. The applicant named is the owner of said vehicle/vessel. The Department of Motor Vehicles further certifies that the vehicle/vessel is subject to any security interests shown herein.

IN WITNESS WHEREOF,  
I have affixed my hand.

COMMISSIONER OF MOTOR VEHICLES

VEHICLE/HULL IDENTIFICATION NUMBER (VIN/HIN) TITLE NUMBER



VOID IF ALTERED