

CITY OF NEW HAVEN
BOARD OF ALDERS

T+F 211.48
int 192.22

Application for Tax Abatement Assistance

I. APPLICANT INFORMATION

- A. APPLICATION DATE: 10/14/25
- B. APPLICANT NAME: Chelsea Telford
- C. ADDRESS: _____

- D. Phone Numbers: _____
- E. Email: _____

II. APPLICATION SUMMARY

- A. Requested Assistance:
- Car Taxes
 - Other _____
- B. Tax Account Numbers:
- 102137 - 102704
- _____
- _____
- C. Comments on what assistance you are seeking and why you need this assistance:
- Abatement of interest
- _____
- _____
- _____
- _____

(Continue on back if needed)

