

CITY OF NEW HAVEN
BOARD OF ALDERS

Return Date: _____
Taxes/Fees due: 150.43
Interest Removed: 405.13

Application for Tax Abatement Assistar

I. APPLICANT INFORMATION

A. APPLICATION DATE: 1/20/2026

B. APPLICANT NAME: Ruth Santiago

C. ADDRESS: 216 Laurel ST Apt 6
West Haven CT 06512

D. Phone Numbers: 860-796-2097

E. Email: Ruthsant749@yahoo.com

II. APPLICATION SUMMARY

A. Requested Assistance:

- Car Taxes
- Other _____

B. Tax Account Numbers:

~~Reduction of interest~~
737 388

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

Reduction of interest

(Continue on back if needed)

