

CITY OF NEW HAVEN
BOARD OF ALDERS

T+F. 1147.14

Application for Tax Abatement Assistance

T 266.93

I. APPLICANT INFORMATION

- A. APPLICATION DATE: 10/13/2025
- B. APPLICANT NAME: Jordan Shaver
- C. ADDRESS: _____

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

II. APPLICATION SUMMARY

- A. Requested Assistance:
- Car Taxes
 Other _____
- B. Tax Account Numbers:
- 99346-98817-90750
- _____

- C. Comments on what assistance you are seeking and why you need this assistance:
- Abatement of interest
- _____

(Continue on back if needed)

