



## Office of the Secretary of the State

State of Connecticut

165 Capitol Avenue, Suite 1000

P.O. Box 150470, Hartford, CT 06115-0470

**Stephanie Thomas**

Secretary of the State

**Jennifer D. Barahona**

Deputy Secretary of the State

To whom it may concern,

Attached you will find a refund form to complete to obtain the refund of your overpaid fees. It is preferred you submit this form to us via email. Please **complete**, **sign**, and **date**, then email the fillable form to **SOTS\_REFUNDS@CT.GOV**, with the required supporting documentation included. It is also acceptable to mail us the completed, signed, and dated form with the required supporting documentation (see below).

### The following items will be required to complete your refund:

- ✓ **Copy of Your Canceled Check** (Front and Back)
- ✓ **Cash or Credit Card Receipt**
- ✓ **Supporting Documentation:**  
Rejection Notice, Work Order Number, Customer's Name, and Email Address

Supporting documentation can be **emailed** to **mss@ct.gov**, or **mailed** to:

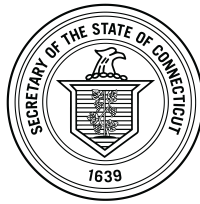
**Office of the Secretary of the State**  
**c/o Financial Unit - P.O. Box 150470**  
**Hartford, CT 06115-0470**

The procedures outlined in the Connecticut General Statute, Sec. 4-37, and by the Office of the State Comptroller, involves a lengthy refund process. Assuming your claim is valid, you can expect to receive a refund withing 60 days from the date of receipt by this office.

Contact the financial unit by email at **SOTS\_REFUNDS@CT.GOV** or call **860-509-6154**, if we can be of further assistance.

Sincerely,

Fiscal Administrative Manager,  
Office of the Secretary of the State



# Secretary of the State of Connecticut

165 Capitol Avenue Mailing Address: P.O. Box 150470; Hartford, CT 06115-0470

## Refund Claim for Overpaid Fees

Refunds will not be processed unless they comply with Connecticut General Statutes sec. 3-99a(c), which states in part that the amount must be in excess of \$5.00 and not have accrued for more than one year in order to be refunded.

Additionally, a copy of the front and back of the negotiated check, cash receipt or credit card receipt will be required in order to process a refund claim along with any supporting documentation such as a rejection letter or notice of money on account.

**The following information is required to accurately process a refund:**

I \_\_\_\_\_ am the only person or entity having a valid claim to the monies being held on account at the Office of the Secretary of the State.

**I request the check be made payable as follows:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ - \_\_\_\_\_

Reference Number Optional): \_\_\_\_\_

Work Order  
Number: \_\_\_\_\_  
(Located on Rejection **or** Acceptance Notice)

Customer  
Information: \_\_\_\_\_  
(Name **and** Email Address Associated with Customer Account)

Refund Amount: \_\_\_\_\_

**The forgoing is made under the penalties of false statement:**

Full Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature:  \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Handwritten **or** Digital Signature Required mm dd yyyy