



## 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

**Jacqueline A. Kozin**

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 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