



Office of the Secretary of the State  
State of Connecticut  
30 Trinity Street  
P.O. Box 150470, Hartford, CT 06115-0470

**DENISE W. MERRILL**  
Secretary of the State  
**SCOTT D. BATES**  
Deputy Secretary of the State

Following find the Refund Claim Form you will need to complete in order to obtain a refund of your overpaid fees. It is acceptable to complete the form on-line, however, you will need to print it then sign and date it and MAIL to the address above. You will also need a copy of your canceled check, cash receipt, credit card receipt and any supporting documentation to substantiate your claim.

Please remember that you have the option of using these funds toward another filing with this office. If you choose to use the funds in this fashion, please return a copy of the letter indicating that you have money on account with your next submission.

Procedures outlined in the Connecticut General Statutes, sec. 4-37 and by the office of the comptroller involve a lengthy refund process. Assuming your claim is valid; you can expect to receive a refund within two months from the date received by this office.

Please contact the Financial Unit at (860) 509-6154 if we can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Blanche H. Reeves Tucker".

Blanche H. Reeves Tucker  
Fiscal Administrative Manager

**Secretary of the State**  
**30 Trinity Street**  
*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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Mailing address, include your reference # if desired)

Work order # \_\_\_\_\_ Customer ID # \_\_\_\_\_  
Processing # \_\_\_\_\_ Refund Amount \$ \_\_\_\_\_

The forgoing is made under the penalties of false statement

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Below is for Official Use by The Office of The Secretary of The State of Connecticut**

Amount      Orig. Dep. #      Deposit Date      Approved By      List#