Application for Connecticut Resident's Motor Vehicle Property Tax Exemption Application Due to Membership in the Armed Forces of the United States

Members of the United States armed forces (including reserve components and the National Guard) are eligible to claim a property tax exemption for one motor vehicle under CGS §12-81(53). To do so, complete this form and submit it to the Assessor, not later than the thirty-first day of December next following the date the property tax on the vehicle described below is due. Failure to file by the deadline constitutes a waiver of the right to claim the property tax exemption under §12-81(53).

Military Information

1. Name / Rank (Please print): _____

2. On the assessment date of October 1, _____, I was an active member of the armed forces, as defined in CGS § 27-103.

3. On the assessment date, I was attached to: _____
   Name of Unit

4. I have served in this unit since: _____/_____/_____
   Month Date Year

5. Permanent address: _____
   Number & Street or PO Box City or Town State & Zip Code

6. Mailing address: _____
   Number & Street or PO Box City or Town State & Zip Code

Vehicle Information

7. Vehicle Registration (Plate) Number: _____ Make, Model and Year: _____

8. On the assessment date, this vehicle was: Owned ☐ Leased ☐ (If leased, complete 9 and 10.)

9. LeaseTerm: ____/____/_____ to: ____/____/_____ Lessor: _____
   From (Month/Date/Year) To (Month/Date/Year) (Name of vehicle owner as it appears on the lease)

10. Lessor's Address: _____
    Number & Street or PO Box City or Town State & Zip Code

Attestation Statement

I hereby claim a motor vehicle property tax exemption or tax refund for a leased vehicle, pursuant to CGS§ 12-81(53). All information herein provided is true and accurate to the best of my knowledge and belief.

_____ _____ ____/____/_____
Signature of Service Member Signature of Commanding Officer (Month/Date/Year)

Assessor's Office Use Only

GRAND LIST YEAR: _____ Regular ☐ Supplemental ☐ VEHICLE ASSESSMENT $ _____

_____ ____/____/_____
Signature of Assessor/Member of Assessor's Staff (Month/Date/Year)