Rev2011

Application for Motor Vehicle Property Tax Exemption or Exemption Benefit for Connecticut Residents Who Are Members of the Armed Forces CGS 12-81(53)

This form must be completed and returned to the assessor of the town in which the vehicle described below is subject to taxation, not later than the thirty-first day of December next following the date the property tax is due. The assessor may require you to submit information verifying a motor vehicle lease.

Failure to file by the deadline constitutes a waiver of the right to claim the property tax exemption or refund under §12-81(53).

Name of Service Member (please print): **SPOUSE:**

Military Information

1. On October 1, _____ , (hereinafter the assessment date) I was a member of the United States Armed Forces.

2. I have been an Armed Forces service member since _____ (Mo/Date/Yr)

3. I was assigned to the following duty station: _____

4. Permanent address on assessment date: _____ Number & Street _____ City or Town _____ State & Zip Code

Vehicle Information

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

6. On the assessment date, this vehicle was Owned ☐ Leased ☐ by me. **(For leased vehicle, complete 7, 8 and 9.)**

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 **Date Signed** **Commanding Officer Signature**
Military ID Presented - Yes [ ] or No [ ]

For Municipal Use Only

Regular Grand List ☐ Supplemental Grand List ☐ Vehicle Assessment: $ _____

Exemption for vehicle owned by service member ☐ Approved ☐ Denied

Reason for denial: _____ **Signature of Assessor** **Date Signed**

Lease vehicle info:

7. Leased From: _____ (Mo/Date/Yr) To: _____ (Mo/Date/Yr) Lessor: _____ (Name of vehicle owner as it appears on lease)

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

9. Refund should be sent to me at: (If applicable) _____ Number & Street or PO Box _____ City or Town _____ State & Zip Code

Vehicle leased by service member - Assessor's calculation of refund amount(s)

Town ☐ Lesser Taxing District ☐ _____ District Name

Assessment X Town Mill Rate: $ _____ Town Refund Amount Assessment X District Mill Rate: $ _____ District Refund Amount

Refund Approved ☐ Denied ☐ Reason for denial:

Signature of Assessor and Date Signed
Certification of refund amount(s)

Signature of Tax Collector/District Clerk and Date Signed
Certification that vehicle tax has been paid