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. Lease Term: __________/________/________ to: __________/________/________

   From (Month/Date/Year)   To (Month/Date/Year)

   Lessor: ______________

   (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)

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