

**Application for Motor Vehicle Property Tax Exemption or Exemption Benefit Who Are Members of the Armed Forces (Army, Navy, marine Corps, Coast Guard, Air Force, any reserve unit including the Ct National Guard) 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 Military ID Presented [Yes or No] or Copy Attached

**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: \_\_\_\_\_ To: \_\_\_\_\_ Lessor: \_\_\_\_\_  
(Mo/Date/Yr) (Mo/Date/Yr) (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: \$ \_\_\_\_\_ Assessment X District Mill Rate: \$ \_\_\_\_\_  
Town Refund Amount 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