

# TOWN OF BLOOMFIELD

800 Bloomfield Ave., Bloomfield, Connecticut 06002

## Assessor's Office

### **Motor Vehicle Property Tax Exemption Application Current Armed Forces Members**

If you claim exemption in the town of Bloomfield for taxes on your motor vehicle under CGS §12-81(53), it will be necessary for you to complete the following application. A new application must be filed annually with this office. **Failure to file this application prior to December 31<sup>st</sup> next, following the tax due date, shall constitute a waiver of your right to this exemption.**

#### **Military Information**

On October 1, I \_\_\_\_\_ was an active member of the armed forces, as defined in CGS§ 27-103. (Year of most recent past October 1<sup>st</sup>)

On October 1, the assessment date, I was attached to the following unit: \_\_\_\_\_

I have served in this unit since (month /date/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

My permanent address is: \_\_\_\_\_

Number & Street or PO Box                      City or Town                      State                      Zip Code  
My mailing address is: \_\_\_\_\_

Number & Street or PO Box                      City or Town                      State                      Zip Code

#### **Vehicle Information**

Vehicle Registration                      Make                      Model                      Year

On the assessment date, this vehicle was (check one): Owned  Leased

Leased vehicle information

Lease term: \_\_\_\_\_ to: \_\_\_\_\_

Lessor: \_\_\_\_\_  
(Name of vehicle owner as it appears on the lease)

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 National Guard Service Member

Signature of Commanding Officer

Date Sign

#### **Office Use Only**

GRAND LIST YEAR: \_\_\_\_\_ Regular Supplemental                      VEHICLE ASSESSMENT                      \$ \_\_\_\_\_

Signature of Assessor/Staff

Date