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): ____________________________________________

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 ____________________________

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 Owner ☐  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
Military ID Presented - Yes [ ] or No [ ]

Date Signed ____________________________  Commanding Officer Signature ____________________________

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 ☐

   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