## Motor Vehicle Property Tax Exemption or Benefit Application for Connecticut Resident in Military Service of the United States Armed Forces

(rev. 8/08)

Complete this form and return it to the assessor of the town in which the motor 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. Proof of military service is required in the form of commanding officer's signature *or* copy of military identification card (front and back) *or* military orders. Documentation may be required to be notarized or certified as true copies. Failure to file by the deadline constitutes a waiver of the right to claim the property tax exemption or refund for which CGS §12-81(53) provides.

			Military In	nformation					
1.	On October 1, I	was a member	of the United	States armed forc	es, as def	ined in CGS §	27-103.		
2.	On the assessment date, I was attached to the following duty station:								
3.	I have been in military service since (I	nonth/date/ yea	r):						
4.	My permanent address is:								
		Num	ber & Street			City or Town	1	State & Zip Code	
			Vehicle In	formation					
5.	Vehicle Registration (Plate) Number:			Make, Model a	nd Year:				
6.	On the assessment date, this vehicle wa	as (check one)	Owned □	Leased □	by me.	(For lease	d vehicle	e, complete 7, 8 and 9.)	
7.	Lease Term:			Lessor:					
8.	From (Mo/Date/Yr) Lessor Address:	To (M	Mo/Date/Yr)		(Na	me of vehicle owner as it appears on lease)			
	<del>-</del>	Number & Street	or PO Box			City or Town		State & Zip Code	
9.	Refund should be sent to me at:								
		Number	& Street or PO	Box		City or Town		State & Zip Code	
			Attestation	Statement					
pro	ovided is true and accurate to the best of  Signature of Military Service Mem		and belief.  Date S	igned			Printed N	Vame	
		<u> </u>							
Signature of Commanding Officer			<b>Date Signed</b>		Printed Name				
		For	r Municipa	ıl Use Only					
Gra	and List: Regular		pplemental	•	icle Asses	sment:	\$		
	emption for vehicle owned by military ason for denial:	Approv	ed □	Denied □					
				Sig	nature of	f Assessor		Date	
Ve	hicle leased by military service membe	r - Assessor's	calculation of	refund amount(	(s)				
To	wn □ Lesser Taxing District □								
	<del>-</del>			Distr	rict Name				
As	sessment X Town Mill Rate: \$			Assessment Rate:	t X Distri	ct Mill \$	S		
	_	Town Refur	nd Amount					District Refund Amount	
Re	fund Approved □ Denied □	Reason for de	enial:						