

**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): _____ SPOUSE: _____

Military Information

- On October 1, _____, (hereinafter the assessment date) I was a member of the United States Armed Forces.
- I have been an Armed Forces service member since _____
(Mo/Date/Yr)
- I was assigned to the following duty station: _____
- Permanent address on assessment date: _____
Number & Street City or Town State & Zip Code

Vehicle Information

- Vehicle Registration (Plate) Number: _____ Make, Model and Year: _____
- 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

| | |
|--|------------------------|
| Assessment X Town Mill Rate: \$ _____ | District Name |
| Assessment X District Mill Rate: \$ _____ | Town Refund Amount |
| Refund Approved <input type="checkbox"/> Denied <input type="checkbox"/> | District Refund Amount |

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