

**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**

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
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**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 Military ID Presented - Yes [ ] or No [ ]	Date Signed	Commanding Officer Signature
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**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
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**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				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
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