

**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

**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**

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  \_\_\_\_\_

District Name

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**