

**Application for Connecticut Resident's Motor Vehicle Property Tax Exemption Application  
Due to Membership in the Armed Forces of the United States**

Members of the United States armed forces (including reserve components and the National Guard) are eligible to claim a property tax exemption for one motor vehicle under CGS §12-81(53). To do so, complete this form and submit it to the Assessor, not later than the thirty-first day of December next following the date the property tax on the vehicle described below is due. Failure to file by the deadline constitutes a waiver of the right to claim the property tax exemption under §12-81(53).

***Military Information***

1. Name / Rank (Please print): \_\_\_\_\_
2. On the assessment date of October 1, \_\_\_\_\_, I was an active member of the armed forces, as defined in CGS § 27-103.
3. On the assessment date, I was attached to: \_\_\_\_\_  
Name of Unit
4. I have served in this unit since: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Date Year
5. Permanent address: \_\_\_\_\_  
Number & Street or PO Box City or Town State & Zip Code
6. Mailing address: \_\_\_\_\_  
Number & Street or PO Box City or Town State & Zip Code

***Vehicle Information***

7. Vehicle Registration (Plate) Number: \_\_\_\_\_ Make, Model and Year: \_\_\_\_\_
8. On the assessment date, this vehicle was: Owned ☐ Leased ☐ (If leased, complete 9 and 10.)
9. Lease Term: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Lessor: \_\_\_\_\_  
From (Month/Date/Year) To (Month/Date/Year) (Name of vehicle owner as it appears on the lease)
10. Lessor's Address: \_\_\_\_\_  
Number & Street or PO Box City or Town State & Zip Code

***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

\_\_\_\_\_  
Signature of Commanding Officer

\_\_\_\_\_  
(Month/Date/Year)

***Assessor's Office Use Only***

GRAND LIST YEAR: \_\_\_\_\_ Regular ☐ Supplemental ☐ VEHICLE ASSESSMENT \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Assessor/Member of Assessor's Staff

\_\_\_\_\_  
(Month/Date/Year)