

**APPLICATION FOR MOTOR VEHICLE PROPERTY TAX ADJUSTMENT BASED ON DMV
"REGISTRATION PLATE RECEIPT" or AUTO INSURANCE CANCELLATION DOCUMENT**

OWNER NAME 1: _____

OWNER NAME 2: _____

YEAR: _____ VEHICLE ID #: _____

MAKE: _____

MODEL: _____

REGISTRATION NUMBER: _____

I hereby apply for reduction to my property tax on this vehicle based upon the attached "Registration Plate Receipt" from the Connecticut Department of Motor Vehicles or upon an auto insurance cancellation document.

I no longer own the vehicle identified on this statement and request that the assessment be reduced based upon the month of cancellation shown on the attached plate receipt or auto insurance cancellation document. This vehicle was transferred on or about (date)_____.

I am making these representations to induce a public servant (the assessor or a member of the assessor's staff) to take an official action in reliance upon my statement. I affirm that the foregoing statements are true and correct to the best of my knowledge, remembrance, and belief; and that they are made under penalty of false statement .

/s/_____

LIST YEAR: _____ LIST NUMBER: _____

DATE: _____

Contact Information

Current Mailing Address (If not already on the bill)

Telephone: _____
