

**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:** \_\_\_\_\_ **Spouse Name:** \_\_\_\_\_  
*Please print neatly.*

1. On October 1, \_\_\_\_\_, (hereinafter the assessment date), I was a member of the United States Armed Forces.  

*Year*
2. I have been an Armed Forces service member since: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ .  

*Mo. Day Year*
3. I was assigned to the following duty station: \_\_\_\_\_.
4. Permanent address on assessment date: \_\_\_\_\_  

*Number & Street Name - City or Town - State - Zip Code*
5. Vehicle Registration / Plate #: \_\_\_\_\_. Make / Model / Year: \_\_\_\_\_.
6. On the assessment date, this vehicle was: \_\_\_\_ Owned. \_\_\_\_ Leased by me. \* **(For leased vehicle, complete 7, 8, and 9).**

**ATTESTATION STATEMENT**

I, (Print Name) , \_\_\_\_\_ 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. \_\_\_\_ No. or  
**Copy of October LES:** \_\_\_\_ Yes \_\_\_\_ No

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**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:** \_\_\_\_\_.

7. \*Vehicle leased from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_. Lessor: \_\_\_\_\_  

*Mo. Day Year Mo. Day Year*

*Name of vehicle owner as it appears on the lease.*

8. \*Lessor Address: \_\_\_\_\_  

*Street Number & Name / P.O. Box*

*City or Town*

*State*

*Zip Code*

9. \*Refund should be sent to me at: \_\_\_\_\_  

*Street Number & Name / P.O. 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:** \$ \_\_\_\_\_. **Assessment X District Mill Rate:** \$ \_\_\_\_\_.

\_\_\_\_ Refund Approved. \_\_\_\_ Refund Denied. **Reason Denied:** \_\_\_\_\_.

\_\_\_\_\_  
*Signature of Assessor*  
*Certification of Refund Amount(s)*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Signature of Tax Collector / District Clerk*  
*Certification that vehicle tax has been paid.*

\_\_\_\_\_  
*Date Signed*