**TOWN OF OXFORD**
S.B. Church Memorial Town Hall
486 Oxford Road, Oxford, Connecticut 06478-1298
**www.Oxford-CT.gov**
Tel (203) 888-2543 Ext. 3055
Fax (203) 888-2136

*Motor Vehicle Property Tax Exemption Application for Members of the Armed Forces*

IF YOU CLAIM EXEMPTION IN THE TOWN OF OXFORD FOR TAXES ON YOUR MOTOR VEHICLE UNDER CGS §12-81(53), IT WILL BE NECESSARY FOR YOU TO COMPLETE THE FOLLOWING. A NEW APPLICATION MUST BE FILED ANNUALLY WITH THIS OFFICE. ***FAILURE TO FILE THIS APPLICATION PRIOR TO DECEMBER 31ST NEXT, FOLLOWING THE TAX DUE DATE, SHALL CONSTITUTE A WAIVER OF YOUR RIGHT TO THIS EXEMPTION.***

## *Military Information*

1. On October 1, _____, I was an active member of the armed forces, as defined in CGS§ 27-103.
   (Year of most recent past October 1st)
2. On the assessment date, I was attached to the following unit: _____
   _____
3. I have served in this unit since (month /date/year): ___/___/___
4. My permanent address is: _____ _____ _____
   Number & Street or PO Box | City or Town | State & Zip Code
5. Mailing address: _____ _____ _____
   Number & Street or PO Box | City or Town | State & Zip Code

## *Vehicle Information*

6. Vehicle Registration (Plate) Number:_____ Make, Model and Year:_____
7. On the assessment date, this vehicle was (check one): Owned ☐ Leased ☐ (***For leased vehicle complete 8 and 9***)
8. Lease term: _____ to: _____ Lessor: _____
   From (Mo/Date/Yr) | To (Mo/Date/Yr) | (Name of vehicle owner as it appears on the lease)
9. Lessor's Address: _____ _____ _____
   Number & Street or PO Box | City or Town | State& Zip Cod

## *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.

_____ _____ _____
Printed name of Active Duty Service Member | Signature of Active Duty Service Member | Date Signed

## *Office Use Only*

GRAND LIST YEAR: _____ Regular Supplemental VEHICLE ASSESSMENT $ _____

_____ _____
Signature of Assessor/Staff | Date