

**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

Date Signed

Commanding Officer Signature

**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

**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 ☐

Assessment X Town Mill Rate: \$ \_\_\_\_\_ District Name \_\_\_\_\_  
Assessment X District Mill Rate: \$ \_\_\_\_\_  
Town Refund Amount 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