## Motor Vehicle Property Tax Exemption or Benefit Application for Connecticut Resident on Active Military Duty

than	the thirty-first day	y of December next	t following the	e date the pro	perty tax is due	e in such	assessment year	subject to taxation, not later r. The assessor may require
	nption or refund for	or which CGS §12-	81(53) (a) pro	ovides.		titutes a v	vaiver of the rig	ght to claim the property tax
	<u>You n</u>	nust provide a						
1.	On October 1	T		•	<b>iformation</b>	as as defin	ed in CGS 827-1	03
1. 2.	On October 1, I was an active duty member of the armed forces, as defined in CGS §27-103. On the above assessment date, I was attached to the following duty							
2.	station:			C C				
3.	I have been on act	ive duty since (month	h date and year)	):				
4.	My permanent address is:			Number & Stre	at	et City or Town State & Zi		State & Zip Code
					formation		City of Town	State & Zip Code
5.	Vehicle Registrati		Make, Model					
6.	On the assessment	t date, this vehicle wa	as (check one)	Owned 🛛	Leased 🛛	by me.	(For leased ve	ehicle, complete 7, 8 and 9.)
7.	Lease Term:				Lessor:			
0		From (Mo/Date/Yr)	To (N	/Io/Date/Yr)		(Nar	ne of vehicle owner	r as it appears on lease)
8.	Lessor Address:		Number & Street	or PO Box			City or Town	State & Zip Code
9.	Refund should be							
			Number	& Street or PO	Box		City or Town	State & Zip Code
	ovided is true and ac	or vehicle property scurate to the best of st ve Duty Service Me	my knowledge					33)(a). All information herein ilitary ID CopyAttached
	Please print name of	Service Member LEG	BLY					
		~~~~~	For	r Municipa	l Use Only	~~~	~~~~	
Gra	Grand List: Regular 🗆 Supplemental 🗆				Vehicle Assessment: \$			
	emption for vehicle ason for denial:	e owned by active du	ity service me	mber	Approv	ved 🗆	Denied 🗖	
						gnature of	Assessor	Date
Ve	hicle leased by acti	ve duty service men	iber - Assesso	r's calculation	n of refund amou	unt(s)		
To	wn 🗆 Lesser	Taxing District □ _			<b>D</b> . (			
						rict Name		
As	sessment X Town M	fill Rate: \$			Assessmen Rate:	it X Distric	et Mill \$	
ъ			Town Refund Amount Reason for denial:					District Refund Amount
Re	fund Approved $\Box$	Denied 🗖	Keason for de					
		re of Assessor and I rtification of refund an		Signatu	Signature of Tax Collector/District Clerk and Date Signed Certification that vehicle tax has been paid			