## MOTOR VEHICLE PROPERTY TAX EXEMPTION OR BENEFIT APPLICATION FOR CONNECTICUT RESIDENT ON ACTIVE MILITARY DUTY

Complete this form and return it to the Assessor of the town in which the motor 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 motor vehicle lease verification. Failure to file by the deadline constitutes waiver of the right to claim the property tax exemption or refund for which CGS §12-81(53) provides.

| 1. ( | Military Information  On October 1, I was an active duty member of the armed forces, as defined in CGS§27-103. |                 |                     |                          |                       |  |
|------|--|-----------------|---------------------|--------------------------|-----------------------|--|
| 2. ( | On the assessment date, I was attached to the following duty station:  |                 |                     |                          |                       |  |
| 3. I | I have been on active duty since (month, date and year):   |                 |                     |                          |                       |  |
| 4. I | My permanent address is:, (Number & Street)  |                 |                     | ,                        | <del></del>           |  |
|      | (Number & Street)  | (City           | or Town)            | (State &                 | Zip Code)             |  |
|      | Vehicle .  | Information     |                     |                          |                       |  |
| 5. Y | Vehicle Registration (Plate) Number:   | , Make, Mode    | Make, Model & Year: |                          |                       |  |
| 6. ( | On the assessment date, this vehicle was (check one): Owned  | □ Leased □      | by me. (            | For leased vehicle       | , complete 7,8 and 9) |  |
| 7. I | Lease Term: To (Mo/Date/Yr) To (Mo/Date/Yr)  | _ Lessor:       |                     | . 1 0                    | 1                     |  |
|      | From (Mo/Date/Yr) 10 (Mo/Date/Yr)  |                 | (Name of Ver        | nicle Owner as it appear | rs on lease)          |  |
| 8. I | Lessor Address:(Number & Street or PO Box)   | ,               | (City or Town       | n)                       | (State & Zip Code)    |  |
| 0 I  | ,  |                 | •                   |                          | •                     |  |
| 9. I | Refund should be sent to me at:(Number & Street or PO Bo   | ox)             | (City               | or Town)                 | (State & Zip Code)    |  |
|      | Printed Name of Active Duty Service Member   | ate Signed      |                     | Signature of             | Commanding Officer    |  |
| Grai | nd List: Regular □ Supplemental □  | -               | ssessment. (        | \$                       |                       |  |
|      |  |                 |                     |                          |                       |  |
| Exe  | mption for vehicle owned by active duty service member:  | Approve         |                     | ied □                    |                       |  |
|      | Reason for Denial:   |                 |                     |                          |                       |  |
|      |  |                 | Signature of As     | ssessor                  | Date                  |  |
| Veh  | icle leased by active duty service member – Assessor's calcu   | lation of refun | d amount(s)         |                          |                       |  |
| Tow  | vn □ Lessor Taxing District □  | (District Name) |                     |                          |                       |  |
| Asse | essment X Town Mill Rate: \$ Assessm   |                 | Mill Rate: \$       | (District Refund         | Amount)               |  |
| Refu | und Approved □ Denied □ Reason for denial:   |                 |                     |                          |                       |  |