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):  Phone #:  
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  Military ID Presented [Yes or No] or Copy Attached

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:  
(Mo/Date/Yr)  (Mo/Date/Yr)  

Lessor:  

(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:  $  

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