

**TOWN OF MANCHESTER
ASSESSOR'S OFFICE
41 CENTER STREET, PO BOX 191
MANCHESTER, CT 06045-0191
Phone: (860) 647-3016; Fax (647-3099
<http://www.townofmanchester.org/Assessor>**

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

Complete this form and return it to the Assessor's Office not later than the **thirty-first day of December next following the date the property tax is due**. Failure to file by the deadline constitutes a waiver of the right to claim the property tax exemption or refund for which CGS §12-81(53) provides.

Military Information

Applicant's Name: _____

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 7 and 8*)

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 vehicle owned or leased, pursuant to CGS§ 12-81(53). All information herein provided is true and accurate to the best of my knowledge and belief.

Signature of Active Duty Service Member

Signature of Commanding Officer

Date Signed

Office Use Only

GRAND LIST YEAR: _____ Regular Supplemental VEHICLE ASSESSMENT \$ _____

Signature of Assessor/Staff

Date