

Last Name/First Name: _____
(Please print)

**Application for Motor Vehicle Property Tax Exemption for
Connecticut Resident Who is a Member of the Armed Forces**

If you claim exemption in the City of Hartford for taxes on your motor vehicle under CGS §12-81(53), it will be necessary for you to complete the following. A new application must be filed ANNUALLY with this office. **FAILURE TO FILE THIS APPLICATION PRIOR TO DECEMBER 31ST NEXT FOLLOWING THE TAX DUE DATE SHALL CONSTITUTE A WAIVER OF YOUR RIGHT TO THIS EXEMPTION OR REFUND UNDER §12-81(53).**

Military Information

1. On October 1, _____, I was a member of the United States 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: _____
& Street or PO Box City or Town State & Zip Code
5. My mailing address is: _____
& Street or PO Box City or Town State & Zip Code
6. IRR (Individually Ready Reserve) Obligation Termination Date: _____

Vehicle Information

7. Vehicle Registration (Plate) Number: _____ Make, Model and Year: _____
8. On the assessment date, this vehicle was (check one): Owned Leased **(For leased vehicle complete 7, 8 & 9 & PROVIDE COPY OF LEASE AGREEMENT)**
9. Lease term: _____ to: _____ Lessor: _____
From (Mo/Date/Yr) To (Mo/Date/Yr) (Name of vehicle owner as it appears on the lease)
10. Lessor's Address: _____
& Street or PO Box City or Town State & Zip Code

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 CT Resident Member of Armed Forces _____ Signature of Commanding Officer* or Base Legal _____ Date Signed _____
Printed Name & Title of CT Res Member of Armed Forces _____ Printed Name & Title of Commanding Officer _____

*CO signature not required for those with IRR Obligation Termination Date (copy military ID & DD-214)

Office Use Only

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

Signature of Assessor/Staff

Date