

LAST NAME/FIRST NAME: _____

**APPLICATION FOR MOTOR VEHICLE PROPERTY TAX EXEMPTION
FOR CONNECTICUT RESIDENT ON ACTIVE MILITARY DUTY**

If you claim exemption in the Town of Wethersfield 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, _____, 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 unit: _____

3. I have been on active duty since (month, date and year): _____ / _____ / _____
4. My permanent address is: _____, _____, _____
(Number & Street) (City or Town) (State & Zip Code)
5. My mailing address is: _____, _____, _____
(Number & Street) (City or Town) (State & Zip Code)

Vehicle Information

6. Vehicle Registration (Plate) Number: _____, Make, Model & Year: _____
7. On the assessment date, this vehicle was (check one): Owned Leased by me. (For leased vehicle, complete 8 & 9)
8. Lease Term: _____ to _____ Lessor: _____
9. Lessor Address: _____, _____, _____
(Number & Street or PO Box) (City or Town) (State & Zip Code)

Attestation Statement

I hereby claim a motor vehicle property tax exemption, 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	Date Signed	Signature of Commanding Officer, Base Legal, or Notary Public
Printed Name & Title of Active Duty Service Member	Printed Name & Title of Commanding Officer, Base Legal, or Notary Public	

Office Use Only

Grand List Year: _____ Regular Supplemental Vehicle Assessment: \$ _____

Signature of Assessor Date