

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.
YEAR
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