TOWN OF SOUTH WINDSOR

Motor Vehicle Property Tax Exemption or Benefit Application for
Connecticut Resident on Active Military Duty

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. The assessor may require you to submit motor vehicle lease verification. **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

1. On October 1, _____ I, _____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 duty station: _____
3. I have been on active duty since (month/date/year): _____
4. My permanent address is: _____
   Number and Street City or Town State and Zip Code

Vehicle Information

5. Vehicle Registration (Plate) Number: _____ Make, Model, Year and Vin # _____
6. On the assessment date, this vehicle was (check one) Owned ☐ Leased ☐ by me. (For leased vehicle, complete 7, 8 and 9)
7. Lease Term: _____ _____ Lessor: _____
   From (Mo/Date/Yr) To ((Mo/Date/Yr) (Name of vehicle owner as it appears on lease)
8. Lessor Address: _____
   No. and Street or P O Box City or Town State and Zip Code
9. Refund should be sent to me at: _____
   No. and Street or P O Box City or Town State and 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 Active Duty Service Member Date Signed Signature of Commanding Officer

For Municipal Use Only

Grand List: _____ Regular □ Supplemental □ Vehicle Assessment: $_____

Exemption for vehicle owned by active duty service member Approved _____ Denied _____

Reason for Denial: _____

_____
Signature of Assessor Date

Vehicle leased by active duty service member – Assessor's calculation of refund amount(s)

Town ☐ Lesser Taxing District ☐ _____
District Name

Assessment X Town Mill Rate: $_____ $ _____
Refund

Refund Approved ☐ Denied ☐ Reason for denial: _____

_____ _____
Signature of Assessor and Date Signed Signature of Collector of Revenue and Date Signed