



# TOWN OF WASHINGTON

BRYAN MEMORIAL TOWN HALL  
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WASHINGTON DEPOT, CONNECTICUT 06794  
ASSESSOR'S OFFICE  
PHONE: (860) 868-0398

## **Application for Motor Vehicle Tax Exemption or Exemption Benefit for Connecticut Residents Who Are Members of the Armed Forces**

CGS 12-81(53)

Members of the United States armed forces (including reserve components and the National Guard) are eligible to claim a property tax exemption for one motor vehicle under CGS §12-81(53). To do so, complete this form and submit it to the Assessor, not later than the thirty-first day of December next following the date the property tax on the vehicle described below is due. ***Failure to file by the deadline constitutes a waiver of the right to claim the property tax exemption or refund under § 12-81(53).***

### **Military Information**

1. Name/Rank: \_\_\_\_\_
2. On the assessment date of October 1, \_\_\_\_\_, I was an active member of the armed forces, as define in CGS § 27-103.
3. On the assessment date, I was attached to (*name of unit*): \_\_\_\_\_
4. I have served in this unit since (*date*): \_\_\_\_\_
5. Permanent address: \_\_\_\_\_
6. Mailing address: \_\_\_\_\_

### **Vehicle Information**

7. Vehicle License Plate #: \_\_\_\_\_ Year, Make Model: \_\_\_\_\_
8. Vehicle VIN #: \_\_\_\_\_
9. On the assessment date, this vehicle was ☐ Owned ☐ Leased (*Leased vehicle complete 10 & 11*)
10. Leased from (dates): \_\_\_\_\_ to \_\_\_\_\_
11. Lessor Name and Address: \_\_\_\_\_

### **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 Service Member**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Signature of Commanding Officer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone**

### **For Assessor Use Only**

Grand List Year: \_\_\_\_\_ ☐ Regular ☐ Supplemental Vehicle Assessment: \$ \_\_\_\_\_  
ID Presented? ☐ Yes ☐ No Branch of Service: \_\_\_\_\_ Exp. Date Active: \_\_\_\_\_  
Assessor/Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_