(Please print clearly)

Last Name/First Name: _____ Phone Number/Email: _____

12-81(53) Members of Armed Forces
Application for Motor Vehicle Property Tax Exemption for
Any Member of the Armed Forces and any Reserve Unit including CT National Guard

If you claim exemption in the Town of Montville 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 command/unit: _____
3. I have served in this command/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 vehicles, complete 9 & 10 & 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 Member of Armed Forces | Signature of Commanding Officer* or Command Representative | Date Signed

_____ _____
Printed Name & Title of Member of Armed Forces | Printed Name & Title of Command Officer/Rep.

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

Office Use Only

APPROVED ☐ Yes ☐ No Reason for Denial: _____

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

_____ _____
Signature of Assessor/Staff | Date