

Motor Vehicle Property Tax Exemption Application for Active Duty Members of the Armed Forces

Town of EAST HARTFORD, Connecticut

ASSESSOR'S OFFICE
740 MAIN STREET
EAST HARTFORD, CT 06108

PHONE: (860) 291-7260
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IF YOU CLAIM EXEMPTION IN THE TOWN OF EAST HARTFORD FOR TAXES ON YOUR MOTOR VEHICLE UNDER CGS § 12-81(53), IT WILL BE NECESSARY FOR YOU TO COMPLETE THE FOLLOWING APPLICATION.

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.

Military Information

1. On October 1, _____, I was an active member of the 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 unit: _____
3. I have served in this unit since (month /date/year): ____/____/____
4. Attach proof of Active Duty status: Copy of ☐ Military ID or ☐ Orders
5. My permanent address is: _____

Number & Street or PO Box
City or Town
State
Zip Code
6. Mailing address: _____

Number & Street or PO Box
City or Town
State
Zip Code

Vehicle Information

7. Vehicle Registration (Plate) Number: _____ Make, Model and Year: _____
8. On the assessment date, this vehicle was (check one): ☐ Owned or ☐ Leased (For leased vehicle complete 9 and 10)
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: _____

Number & 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.

Service Member's Name (Please Print)

Signature of Active Duty Service Member

Date Signed

Phone Number

Office Use Only

Grand List Year: _____ ☐ Regular - ☐ Supplemental List# _____ Assessment \$ _____

Exemption for vehicle owned by service member ☐ APPROVED

☐ DENIED - Reason for denial: _____

Signature of Assessor/Staff _____ Date _____