CITY OF STAMFORD Assessor's Office, 888 Washington Blvd., Stamford, CT 06901 Tel: 203-977-5888 Fax: 203-977-5898

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

Under Connecticut state law, CGS 12-81(53), one passenger motor vehicle belonging to, or held in trust for, any member of the United States armed forces is exempt from taxation. Application must be filed "not later than the thirty-first day of December next following the date on which property tax is due in such assessment year", (i.e. MV taxes due in July 2013 exemption must be claimed on or before December 31, 2013). Any serviceman who does not file a written exemption application within the time specified waives his right to claim the exemption for that assessment year.

Applicant's Name:	Spouse's Name:
3. My legal residence as of October 1, 20_____	4. My mailing address:

5. On October 1, **20**___ I **w**as a member of the (**Check Only One**):

- ☐ United States Army (Active Duty)
- ☐ United States Navy (Active Duty)
- ☐ United States Marine Corps (Active Duty)
- ☐ United States Coast Guard (Active Duty)
- ☐ United States Air Force (Active Duty)
- ☐ Connecticut National Guard: Army National Guard
- ☐ Connecticut National Guard: Air National Guard
- ☐ United States Army Reserve
- ☐ United States Navy Reserve
- ☐ United States Marine Reserve
- ☐ United States Coast Guard Reserve
- ☐ United States Air force Reserve

MOTOR VEHICLE INFORMATION (Each applicant is eligible for only one motor vehicle exemption)

6. Year	6a. Make	6b. Model	6c. Vehicle Identification Number	6d. License Plate

On October 1, **20**___ the above listed motor vehicle was:
☐ Owned by me (If owned, skip Lines 8 through 8b and complete Lines 9 through 11)
☐ Leased by me (If leased, attach a copy of the signed lease and complete Lines 8 through 11)

LEASE INFORMATION (Attach a copy of the signed lease)

8. Lease Period	8a. Lessor's Name	8b. Lessor's Address

9. If a refund is due, it should be sent to me at the following address:

AFFIDAVITS

10. Applicant's Affidavit and Signature

I hereby claim a motor vehicle tax exemption and/or refund for one motor vehicle pursuant to C.G.S. 12-81(53)(a) or (b). All information herein provided is true and accurate to the best of my knowledge and belief.

Applicant's Signature | Print Name | Date Signed

10. Commanding Officer's Affidavit and Signature

All information herein provided is true and accurate to the best of my knowledge and belief.

Commanding Officer's Signature | Print Name | Rank | Telephone Number | Date Signed

THIS FORM MUST BE FILED ANNUALLY AND NO LATER THAN DECEMBER 31st.

FAILURE TO FILE BY THE ABOVE DEADLINE CONSTITUTES A WAIVER OF THE RIGHT TO CLAIM SAID EXEMPTION

12. TAX COLLECTOR: CERTIFICATION OF A TAX REFUND [12-81 (53) (b)]

13. LIST NUMBER	13a. VEHICLE ASSESSMENT	13b. MILL RATE	13c. REFUND AMOUNT (LINE 13a TIMES LINE 13b)

ASSESSOR'S AFFIDAVIT

_____ I am satisfied that the above named applicant meets all the necessary statutory requirements

_____ This claim is disallowed for the following reason_____

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF | Date Signed (Mo., Day, Yr)