



STATE OF CONNECTICUT COUNTY OF TOLLAND
TOWN OF ELLINGTON

ASSESSOR'S OFFICE

P. O. BOX 199

55 MAIN ST

ELLINGTON, CT 06029-0199

(860) 870-3109 FAX (860) 870-3197 assessor@ellington-ct.gov

MOTOR VEHICLE PROPERTY TAX EXEMPTION APPLICATION
FOR MEMBERS OF THE ARMED FORCES

COMPLETE THIS FORM AND RETURN TO THE TOWN OF ELLINGTON ASSESSOR PRIOR TO DECEMBER 31, NEXT, FOLLOWING THE TAX DUE DATE. FAILURE TO FILE BY THE DEADLINE CONSTITUTES A WAIVER OF YOUR RIGHT TO THIS EXEMPTION UNDER CGS §12-81(53).

Military Information

- On October 1, _____, I _____ was an active member of the armed forces,
(Past 10/1 Yr) (Print Name)
as defined in CGS §27-103.
- On the assessment date, I was attached to the following unit: _____

- I have served in this unit since: (Month/Date/Year) _____ / _____ / _____
- My permanent address is: _____
Number & Street or PO Box City or Town State & Zip Code
- Mailing address
if different from above: _____

Vehicle Information

- Vehicle Registration (Plate) Number: _____ Make, Model & Year: _____
- On the assessment date, this vehicle was (check one): Owned _____ Leased _____ (For leased vehicles complete 8 & 9)
- Lease term from: _____ to: _____ Lessor: _____
(Month/Date/Year) (Month/Date/Year) (Name of vehicle owner as it appears on the lease)
- 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.

SIGNATURE OF ARMED FORCES MEMBER SIGNATURE OF COMMANDING OFFICER DATE SIGNED

Assessor's Office Use

Grand List Year: _____ Regular _____ Supplemental _____ Assessment \$ _____

Signature of Assessor/Staff

Date Signed