



TOWN OF ELLINGTON

ASSESSOR'S OFFICE
P. O. BOX 199
ELLINGTON, CT 06029-0199

Telephone: (860)870-3109
Fax: (860)870-3197
Email: Assessor@ellington-ct.gov

Current Veteran Record Information Update

Please complete and return to the above address.

Veteran Last Name: _____ First Name: _____ DOB: _____

Spouse Last Name: _____ First Name: _____ DOB: _____

Veteran Primary Residence: _____
No. and Street City State Zip

Mailing Address: _____
No. and Street City State Zip

Marital Status: Married Single Divorced Widowed Legally Separated

Phone Number: _____ Email Address: _____

Are you currently receiving Veteran/Military Benefits in another Town/State? Yes No

If Yes, where? _____

Are you currently receiving any Tax benefits in another Town/State i.e. Homestead Exemption, etc.? Yes No

If Yes, where? _____

Have you been granted a service-connected disability rating from the U.S. Dept. of Veterans Affairs? Yes No

If Yes, attach proof from the U.S. Dept. of Veterans Affairs.

Signature

Print Name

Date