

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 Groton 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 31<sup>ST</sup> NEXT FOLLOWING THE TAX DUE DATE SHALL CONSTITUTE A WAIVER OF YOUR RIGHT TO THIS EXEMPTION OR REFUND UNDER §12-81(53).**

**Military Information**

- 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 1<sup>st</sup>)
- On the assessment date, I was attached to the following command/unit: \_\_\_\_\_
- I have served in this command/unit since (month /date/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- My permanent address is: \_\_\_\_\_  
# & Street or PO Box City or Town State & Zip Code
- My mailing address is: \_\_\_\_\_  
# & Street or PO Box City or Town State & Zip Code
- IRR (Individually Ready Reserve) Obligation Termination Date: \_\_\_\_\_

**Vehicle Information**

- Vehicle Registration (Plate) Number: \_\_\_\_\_ Make, Model and Year: \_\_\_\_\_
- On the assessment date, this vehicle was (check one):  Owned  Leased (**For leased vehicles, complete 9 & 10 & PROVIDE COPY OF LEASE AGREEMENT**)
- Lease term: \_\_\_\_\_ to: \_\_\_\_\_ Lessor: \_\_\_\_\_  
From (Mo/Date/Yr) To (Mo/Date/Yr) (Name of vehicle owner as it appears on the lease)
- 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