



Town of Farmington

Town Assessor
Town of Farmington
1 Monteith Drive
Farmington, CT 06032
Telephone: (860) 675-2370
Fax: (860) 675-2376

Motor Vehicle Property Tax Exemption Application for Connecticut Residents who are Members of the Armed Forces

IF YOU CLAIM EXEMPTION IN THE TOWN OF FARMINGTON 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 31ST NEXT, FOLLOWING THE TAX DUE DATE, SHALL CONSTITUTE A WAIVER OF YOUR RIGHT TO THIS EXEMPTION.**

Name _____ Branch of Service _____
Please print

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. My permanent address is: _____
Number & Street or PO Box City or Town State & Zip Code

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

Vehicle Information

6. Vehicle Registration (Plate) Number: _____ Make, Model and Year: _____

7. On the assessment date, this vehicle was (check one): Owned Leased (For leased vehicle complete 8 and 9)

8. Lease term: _____ to: _____ Lessor: _____
From (Mo/Date/Yr) To (Mo/Date/Yr) (Name of vehicle owner as it appears on the lease)

9. Lessor's Address: _____
Number & Street or PO Box City or Town State & Zip Cod

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 Active Duty Service Member _____

Date Signed _____

Military ID Presented [yes or no] if in person or Copy of Military Orders _____

Office Use Only

GRAND LIST YEAR: _____ Regular Supplemental VEHICLE ASSESSMENT \$ _____

Exemption for vehicle owned by service member Approved Denied

Reason for denial: _____

Signature of Assessor _____

Date Signed _____

Vehicle leased by service member – Assessor's calculation of refund amount

Assessment X town Mill Rate: \$ _____

Refund Approved Denied Town Refund Amount Reason for denial: _____

Signature of Assessor and Date Signed (Certification of refund amount) _____

Signature of Tax Collector and Date Signed (Certification that vehicle tax has been paid) _____