

Motor Vehicle Property Tax Exemption Application for Active Duty Members of the Armed Forces

Town of Portland Connecticut

ASSESSOR'S OFFICE
33 East Main St. / PO BOX 71
PORTLAND, C T 06480-0071

PHONE: (860) 342-6744
FAX: (860) 342-6738

IF YOU CLAIM EXEMPTION IN THE TOWN OF PORTLAND FOR TAXES ON YOUR MOTOR VEHICLE UNDER CGS § 12-81(53), IT WILL BE NECESSARY FOR YOU TO COMPLETE THE FOLLOWING APPLICATION.

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.

Military Information

- 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)
- On the assessment date, I was attached to the following unit: _____
- I have served in this unit since (month /date/year): ____/____/____
- Attach proof of Active Duty status: Copy of Orders **or** Signature of Comanding Officer _____
- My permanent address is: _____
Number & Street or PO Box City or Town State Zip Code
- Mailing address: _____
Number & Street or PO Box City or Town State Zip Code

Vehicle Information

- Vehicle Registration (Plate) Number: _____ Make, Model and Year: _____
- On the assessment date, this vehicle was (check one): Owned or Leased (For leased vehicle complete 9 and 10)
- 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: _____
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.

Service Member's Name (Please Print) Signature of Active Duty Service Member Date Signed Phone Number

Office Use Only

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

Exemption for vehicle owned by service member APPROVED
 DENIED - Reason for denial: _____

Signature of Assessor/Staff _____ Date _____