AOA Form - Revised 02/14

# 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
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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*

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. Attach proof of Active Duty status: **Signature of Commanding Officer**_____
5. My permanent address is: _____ _____ ____ _____
   Number & Street or PO Box | City or Town | State | Zip Code
6. Mailing address: _____ _____ ____ _____
   Number & Street or PO Box | City or Town | State | Zip Code

## *Vehicle Information*

7. Vehicle Registration (Plate) Number: _____ Make, Model and Year: _____
8. On the assessment date, this vehicle was (check one): ☐ Owned or ☐ Leased (For leased vehicle complete 9 and 10)
9. Lease term: _____ to: _____ Lessor: _____
   From (Mo/Date/Yr) | To (Mo/Date/Yr) | (Name of vehicle owner as it appears on the lease)
10. 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 _____