



Town of Cromwell

Assessor's Office

41 West Street
Cromwell CT 06416
860-632-3442

Shawna M. Baron, CCMA II
Tax Assessor

Donna Otlowski, CCMA I
Deputy Assessor

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Assessment Technician

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

UNDER CGS §12-81(53), IT WILL BE NECESSARY FOR YOU TO COMPLETE THE FOLLOWING: AN APPLICATION MUST BE FILED ANNUALLY WITH THIS OFFICE. **FAILURE TO FILE THIS APPLICATION PRIOR TO DECEMBER 31ST 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. My permanent address is: _____
Number & Street City or Town State & Zip Code

5. Mailing address: _____
Number & Street 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 7 and 8)

8. Lease term: _____ to: _____ Lessor: _____
(Name of vehicle owner as it appears on the lease)

9. Lessor's Address: _____
Number & Street or PO Box City & 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 Active Duty Service Member

Signature of Commanding Officer

Dated Signed

Office Use Only

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

Signature of Assessor

Date