

**AN APPLICATION FOR EXEMPTION OF ONE MOTOR VEHICLE
FOR A CONNECTICUT RESIDENT WHO IS AN ACTIVE MEMBER OF THE UNITED STATES ARMED SERVICES**

1. Applicant's Name:	2. Spouse's Name:
3. My legal residency as of October 1, 2009:	4. My mailing address:
5. On October 1, 2009 I was a member of the (Check Only One):	<input type="checkbox"/> United States Army (Active Duty) <input type="checkbox"/> United States Navy (Active Duty) <input type="checkbox"/> United States Marine Corps (Active Duty) <input type="checkbox"/> United States Coast Guard (Active Duty) <input type="checkbox"/> United States Air Force (Active Duty) <input type="checkbox"/> Connecticut National Guard: Army National Guard <input type="checkbox"/> Connecticut National Guard: Air National Guard <input type="checkbox"/> United States Army Reserve <input type="checkbox"/> United States Navy Reserve <input type="checkbox"/> United States Marine Reserve <input type="checkbox"/> United States Coast Guard Reserve <input type="checkbox"/> United States Air force Reserve

MOTOR VEHICLE INFORMATION (Each applicant is eligible for only one motor vehicle exemption)

6. Year	6a. Make	6b. Model	6c. Vehicle Identification Number	6d. License Plate
7. On October 1, 2009 the above listed motor vehicle was: <input type="checkbox"/> Owned by me (If owned, skip Lines 8 through 8b and complete Lines 9 through 11) <input type="checkbox"/> Leased by me (If leased, attach a copy of the signed lease and complete Lines 8 through 11)				

LEASE INFORMATION (Attach a copy of the signed lease)

8. Lease Period	8a. Lessor's Name	8b. Lessor's Address
9. If a refund is due, it should be sent to me at the following address:		

AFFIDAVITS

10. Applicant's Affidavit and Signature			
I hereby claim a motor vehicle tax exemption and/or refund for one motor vehicle pursuant to C.G.S. 12-81(53)(a) or (b). All information herein provided is true and accurate to the best of my knowledge and belief.			
Applicant's Signature	Print Name	Date Signed	
11. Commanding Officer's Affidavit and Signature			
All information herein provided is true and accurate to the best of my knowledge and belief.			
Commanding Officer's Signature	Print Name	Rank	Date Signed

THIS FORM MUST BE FILED ANNUALLY NO LATER THAN DECEMBER 31, 2010

FAILURE TO FILE BY THE ABOVE DEADLINE CONSTITUTES A WAIVER OF THE RIGHT TO CLAIM SAID EXEMPTION

12. TAX COLLECTOR: CERTIFICATION OF A TAX REFUND [12-81 (53) (b)]			
13. LIST NUMBER	13a. VEHICLE ASSESSMENT	13b. MILL RATE	13c. REFUND AMOUNT (LINE 13a TIMES LINE 13b)
14. SIGNATURE OF ASSESSOR OR ASSESSMENT STAFF MEMBER AND DATE SIGNED IF APPROVED OR REASON FOR DENIAL			