TOWN OF KILLINGWORTH Assessor's Office, 323 Route 81, Killingworth, Ct 06419 Telephone: 860-663-1765 Fax: 860-663-4050

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, 201_:	4. My mailing address:
5. On October 1, **201__** I was a member of the (**Check Only One**):	☐ United States Army (Active Duty) ☐ United States Navy (Active Duty) ☐ United States Marine Corps (Active Duty) ☐ United States Coast Guard (Active Duty) ☐ United States Air Force (Active Duty) ☐ Connecticut National Guard: Army National Guard ☐ Connecticut National Guard: Air National Guard ☐ United States Army Reserve ☐ United States Navy Reserve ☐ United States Marine Reserve ☐ United States Coast Guard Reserve ☐ 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, **201__** the above listed motor vehicle was: ☐ Owned by me (If owned, skip Lines 8 through 8b and complete Lines 9 through 11)

☐ 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

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