

OFFICE OF THE TOWN CLERK
TOWN OF HEBRON
HEBRON, CONNECTICUT 06248

APPLICATION FOR VETERANS EXEMPTION FROM PROPERTY TAXES

VETERAN'S
INFORMATION

NAME: _____ DATE OF BIRTH: _____

DATE OF ENLISTMENT OR INDUCTION: _____ DATE OF DISCHARGE: _____

DISCHARGE - HONORABLE: YES: NO: BRANCH OF SERVICE: _____

DISABILITY RATING : YES: NO:

If yes; please attach a copy of your disability award letter to this application.

BLINDNESS CERTIFICATE: YES: NO:

If yes, please see assessor regarding additional exemption information.

NAME OF VETERAN'S SPOUSE: _____

HAS THIS VETERAN PREVIOUSLY CLAIMED A VETERAN'S EXEMPTION IN ANOTHER CONNECTICUT TOWN?

YES: NO: IF YES - IN WHICH TOWN WAS THE LAST EXEMPTION CLAIM MADE _____

PROPERTY
INFORMATION

IS THE VETERAN A PERMANENT RESIDENT OF HEBRON? YES: NO:

PROPERTY OWNER: SELF: SPOUSE: NAME OF SPOUSE: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS IF NOT THE SAME AS MAILING ADDRESS: _____

PHONE NUMBER: _____

VETERAN'S EXEMPTION CAN BE APPLIED TO ONE PROPERTY TAXED BY THE TOWN OF HEBRON.

PLEASE APPLY MY EXEMPTION TO THE FOLLOWING PROPERTY: (SELECT ONLY ONE)

REAL ESTATE: **OR** AUTOMOBILE:

APPLICANT'S SIGNATURE

DATE