



# Town of Hebron

*Assessor's Office*

TOWN OFFICE BUILDING  
15 GILEAD STREET  
HEBRON, CONNECTICUT 06248  
TELEPHONE: (860) 228-5971  
FAX: (860) 228-4859  
[www.hebronct.com](http://www.hebronct.com)

SUZANNE TOPLIFF, CCMA II  
Assessor – ext. 147  
[assessor@hebronct.com](mailto:assessor@hebronct.com)

## Motor Vehicle Property Tax Exemption Application for Members of the Armed Forces CGS 12-81(53)

This form must be completed and returned to the assessor of the town in which the vehicle described below is subject to taxation, not later than the thirty-first day of December next following the date the property tax is due. The assessor may require you to submit information verifying a motor vehicle lease.

**Failure to file by the deadline constitutes a waiver of the right to claim the property tax exemption or refund under §12-81(53).**

**Name of Service Member (please print):** \_\_\_\_\_

**Spouse:** \_\_\_\_\_

### **Military Information**

1. On October 1, \_\_\_\_\_, I was a member of the United States Armed Forces.

2. I have been an Armed Forces service member since \_\_\_\_\_

(Mo/Date/Yr)

3. I was assigned to the following duty station: \_\_\_\_\_

4. Permanent address on assessment date: \_\_\_\_\_

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 Owned ☐ Leased ☐ by me. **(For leased vehicle, complete 8 and 9.)**

### **Lease Vehicle Information**

8. Leased From: \_\_\_\_\_ To: \_\_\_\_\_ Lessor: \_\_\_\_\_  
(Mo/Date/Yr) (Mo/Date/Yr) (Name of vehicle owner as it appears on lease)

9. Lessor 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.

\_\_\_\_\_  
**Signature of Service Member**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Commanding Officer Signature or  
Military ID**

### **For Municipal Use Only**

Regular Grand List ☐ Supplemental Grand List ☐ Vehicle Assessment: \$ \_\_\_\_\_

**Exemption for vehicle owned by service member**

☐ Approved

☐ Denied

Reason for denial: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Assessor**

\_\_\_\_\_  
**Date Signed**