



# TOWN OF STAFFORD

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

If you claim exemption in the Town of Stafford for taxes on your motor vehicle under CGS §12-81(53), it will be necessary for you to complete the following:

**A NEW APPLICATION MUST BE FILED ANNUALLY WITH THIS OFFICE.**

***FAILURE TO FILE THIS APPLICATION PRIOR TO DECEMBER 31<sup>ST</sup> NEXT, FOLLOWING THE TAX DUE DATE, SHALL CONSTITUTE A WAIVER OF YOUR RIGHT TO THIS EXEMPTION.***

### Military Information

- On October 1, \_\_\_\_\_ I, \_\_\_\_\_ was an active member of the armed forces, as defined in CGS§ 27-103.  
(Print Name)
- On the assessment date, I was attached to the following unit: \_\_\_\_\_  
\_\_\_\_\_
- I have served in this unit since (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
- My permanent address is: \_\_\_\_\_  
Number & Street or PO Box                      City or Town                      State & Zip Code
- Mailing address: \_\_\_\_\_  
Number & Street or PO Box                      City or Town                      State & Zip Code

### Vehicle Information

- Vehicle Registration (Plate) Number: \_\_\_\_\_ Make, Model and Year: \_\_\_\_\_
- On the assessment date, this vehicle was (check one): Owned  Leased  (*For leased vehicle complete 8 and 9*)
- Lease term: \_\_\_\_\_ to: \_\_\_\_\_ Lessor: \_\_\_\_\_  
From (Month/Day/Year)                      To (Month/Day/Year)                      (Name of vehicle owner as it appears on the lease)
- Lessor's 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 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 Service Member

\_\_\_\_\_  
Signature of Commanding Officer

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

### Office Use Only

GRAND LIST YEAR: \_\_\_\_\_ Regular  Supplemental  VEHICLE ASSESSMENT \$ \_\_\_\_\_ GRAND LIST # \_\_\_\_\_

\_\_\_\_\_  
Signature of Assessor/Staff

\_\_\_\_\_  
Date

Revised 1/9/19