NEWTOWN MUNICIPAL CENTER
3 PRIMROSE STREET
NEWTOWN, CONNECTICUT 06470
(203) 270-4240
(203) 270-4243 FAX

TOWN OF NEWTOWN

OFFICE OF THE ASSESSOR

Motor Vehicle Property Tax Exemption Application for Members of the Armed Service

IF YOU CLAIM EXEMPTION IN THE TOWN OF NEWTOWN 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 THE OFFICE. FAILURE TO FILE THIS APPLICATION PRIOR TO DECEMBER 31ST FOLLOWING THE TAX DUE DATE, SHALL CONSTITUTE A WAIVER OF YOUR RIGHT TO THE EXEMPTION.

Military Information

1. On October 1, _____, I was an active member of the armed forces, as defined in CGS 27-103.
   (Year of most recent past October 1st)
2. On the assessment date, I was attached to the following unit: _____

   _____
3. I have served in this unit since (month/date/year): ___/___/___
4. My permanent address is: _____ _____ _____
   (Number & Street or PO Box) (City or Town) (State & Zip Code)
5. Mailing Address: _____ _____ _____
   (Number & Street or PO Box) (City or Town) (State & Zip Code)

Vehicle Information

6. Name on Registration: _____
7. Vehicle Registration (Plate) Number: _____ Make, Model, and Year: _____
8. On the assessment date, this vehicle was (check one): Owned ☐ Leased ☐ (For leased vehicle complete 9 & 10)
9. Lease Term: _____ To: _____ Lessor: _____
   From (M/D/Y) To (M/D/Y) (Name of vehicle owner as it appears on the lease)
10. Lessor's Address: _____ _____ _____
    (Number & Street of PO Box) (City of Town) (State & Zip Code)

I hereby claim a motor vehicle property tax exemption or tax refund for a motor 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 Duty Service Member) (Signature of Commanding Officer) (Date Signed)