Non-Resident Affidavit For Property Tax Exemption In The State of Connecticut SERVICEMEMBERS CIVIL RELIEF ACT (SCRA)

I,(Last name/First name/Middle initial)	(Rank)	(Branch)	(Date of Bir	th)				
hereby claim an exemption from personal prop Relief Act (SCRA) as amended. Having been				ricemembers Civi				
On or after October 1, (hereinafte	er referred to as the ass	essment date), I was an a	active duty member	of the United Stat				
Armed Forces, attached to the following duty	station in Connecticut:	***************************************						
I reported to my present duty station in Conne	cticut on or about	//(mth/day	yr), and anticipate t	hat my present to				
of duty assignment at that station will be comp	oleted on or about	_//(mth/da	y/yr).					
My presence in Connecticut on the assessmen If 'No', explain			ary orders.	Yes □ No □ 				
My home of record or permanent address as sl	hown in my military re	cords is in the State of _	·					
I have retained my domicile in said State with If 'No', explain		on throughout my service in the Armed Forces. Yes \(\D\) No \(\D\)						
It is now, and was on the assessment date, my intention to return to the State of my domicile upon my separation or retirement from the United States Armed Forces. If 'No', explain								
On the assessment date, I lived in the State of	Connecticut at	Olasakan C	Amount and City/Transm					
(Number, Street and City/Town) My current address is the same as on the assessment date. Yes \(\sigma \) No \(\sigma \) If 'No', current address:								
I am (and was) married on the assessment date. Yes 🗆 No 🗀 If yes, Spouse's name								
On the assessment date, I (and/or my spouse) City/Town of			which was located in	the .				
Note: With respect to 'Ownership', please enter the following code(s), as applicable:	or - tot property	owned solely by servic owned solely by servic ojointly owned by servic	sman s spouse, or					
MOTOR V Year, Make and Model	EHICLE (including unre	gistered snowmobiles) State & Plate	и Т	Ownership				
i cai, make and infoder		State & Flate		Switcistip				
Signature of Affiant		Signature o	Notary Public					
ne Email								

My Commission expires: ___

Application For A Refund Of The Tax Paid On A Motor Vehicle Leased By A Veteran Or A Veteran's Survivor(s) Eligible For Property Tax Exemptions Under CGS §12-81(19), (20), (21), (22), (23), (24), (25) or (26)

This form must be completed and returned to the assessor of the town that taxed the vehicle described below, not later than the thirty-first day of December next following the assessment year during which such tax was paid. The assessor may require you to submit motor vehicle lease verification information. Failure to file by the deadline constitutes a waiver of the right to claim a refund under §12-93a(b). Only the town that received the tax payment on the vehicle can issue a refund. If you are not a resident of that town, you must file this application with the assessor of the town that taxed the vehicle, and you must have filed a nonresident affidavit with the assessor of that town under the provisions of §12-94.

Claimant Information

1.	1. Claimant's name:			2. Name of claimant's spouse:						
3.	Claimant's addres	s:								
4.	This claim is subm	itted for the ass	Number & Street sessment date of Oc		1,	C	ity or Town	State & Zi	p Code	
5.	Vehicle Registration	nicle Registration (Plate) Number:			Make, Model and Year:					
6.	Leased From:		То:		Lessor:					
7.	Lessor Address:	(Mo/Date/Yr)	(Mo/Date/	Yr)		(Nai	ne of vehicle owner	as it appears on le	ase)	
			Number & Street or I	PO Bo	×		City or Town	State & Z	ip Code	
8.	Leased to:			8. -	Relationship	to claimar		elf, Spouse, and etc)	
9.	If lessee is spouse	of claimant, do	spouse and claima	nt res	ide together?		•	Yes □		
10.	Has there been a	hange to vehic	le since assessment	date	? Yes □	No □ I	f Yes, explain.			
info	ormation herein prov	ided is true and	accurate to the bes		y knowledge a			Date	i [*]	
		3					in the second se			
	For Mu	ınicipal Use Oı	nly – Calculation ar	id Ce	rtification Of	Tax Refur	nd For A Leased	Vehicle		
Re	gular Grand List □	Supplemen	tal Grand List □	٧	ehicle Assess	ment: \$				
			Town 🗆		Lesser Taxin	ng District E		District Name		
	emption alance: \$		X Town Mill Rate = Available Benefit	\$	North and Artifest and the American State of Sta		District Mill Rate vailable Benefit:	\$ _.		
Am	ount of Town Tax:	\$Assessi	nent X Town Mill Rat		Amount of	District Ta		ssment X District	Mill Rate	
Tov	vn Refund Amount:	\$		<u>-</u>	District Ref	fund Amou	nt: \$			
Ref	Refund A fund Approved □		vailable benefit, if Reason for denial:					ount of tax.		