Name (Last, First):

(for office use only)

## Non-Resident Affidavit For Property Tax Exemption In The State of Connecticut

The State of Com	The State of Connecticut				
<b>Under The Federal Service Members'</b>	Civil Relief Act Per SCRA				

	I,(Last name/First name/Middle initial)	(Rank)	(Branch) (I	Date of Birth)	
	hereby claim an exemption from personal proper Civil Relief Act of 1940, as amended. Having b				
	On or after October 1, (hereinafter	referred to as the ass	sessment date), I was an active duty i	member of the United Sta	
	Armed Forces, attached to the following duty st	tation in Connecticut:			
	I reported to my present duty station in Connec	cipate that my present to			
	of duty assignment at that station will be compl	eted on or about	/(mo/day/yr).		
	My presence in Connecticut on the assessment If 'No', explain				
	My home of record or permanent address as sho	own in my military re	cords is in the State of		
	I have retained my domicile in said State without interruption throughout my service in the Armed Forces.  Yes  If 'No', explain				
	It is now, and was on the assessment date, my is or retirement from the United States Armed For				
	On the assessment date, I lived in the State of C	Connecticut at			
	My current address is the same as on the assess 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) owned the personal property described below, which was located in the City/Town of, Connecticut.				
	Note: With respect to 'Ownership', please enter the following code(s), as applicable:  S - for property owned solely by serviceman; SP - for property owned solely by serviceman's spouse; or for property jointly owned by serviceman and his/her spouse.				
	MOTOR VE	HICLE (including unreg	gistered snowmobiles)		
	Year, Make and Model		State & Plate #	Ownership	
	Signature of Affiant		Signature of Notary Pub	olic	
 ph	one Email				
	EASE ATTACH A CURRENT LEAVE & EARNI	NGS	Subscribed and sworn to me this	_ day of	
	STATEMENT TO THIS AFFIDAVIT.				
			My Commission expires:		