

**Assessor's Office**  
222 Bolton Center Road  
Bolton, CT 06043  
(860) 649-8066  
(860) 643-0021 Fax  
[assessor@boltonct.org](mailto:assessor@boltonct.org)

## **YOU MAY BE ELIGIBLE FOR A VETERAN'S EXEMPTION IF YOU ARE STILL SERVING**

This form is to be used by any member of the armed forces who, on the 10/1 Assessment Date was in service in time of war and is still in the service, and by reason of continuous service has not as yet received a separation from service of discharge certificate (DD-214). There are two options to apply:

1. The service member should complete the form on the other side and have it signed by the commanding officer of the service member's unit, ship or station or by some other appropriate officer. The Affidavit shall be received by the Assessor by September 30<sup>th</sup> in the town where the exemption is claimed.
2. If such claimant is currently serving in an active theater of war or hostilities, a parent, guardian, spouse or legal representative of such claimant can present a notarized statement stating that he/she is personally serving and is unable to appear in person by reason of such service, which statement shall be received by the Assessor by September 30<sup>th</sup> in the town where the exemption is claimed.

**CONNECTICUT RESIDENT AFFIDAVIT FOR VETERAN EXEMPTION UNDER SECTION 12-81(19) OF  
CONNECTICUT GENERAL STATUTES**

NAME \_\_\_\_\_

DATE: \_\_\_\_\_

RANK/BRANCH OF SERVICE: \_\_\_\_\_

ENLISTMENT DATE: \_\_\_\_\_

ADDRESS OF PERMANENT WILLINGTON RESIDENCE:

\_\_\_\_\_  
\_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Date

**OR**

\_\_\_\_\_ is personally serving and is unable to appear in person by

Print Service member's name

reason of such service.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public