

CITY OF MILFORD, CONNECTICUT

ASSESSOR'S OFFICE

In order to determine your eligibility for tax exemption of Military Service, it is necessary that this office have the information below. No exemptions will be allowed until this form has been returned.

VETERAN'S NAME IN FULL \_\_\_\_\_

VETERAN'S LEGAL (DOMICILE) RESIDENCE \_\_\_\_\_

VETERAN'S DATE OF BIRTH \_\_\_\_\_ (IF VETERAN IS DECEASED:  
DATE OF DEATH \_\_\_\_\_)

IF MARRIED, GIVE NAME OF SPOUSE: \_\_\_\_\_

DISABLED VETERAN SHOULD SUBMIT VA20-5455 CLAIM FORM TO ASSESSOR'S OFFICE.  
TO OBTAIN FORM CALL 1-800-827-1000.

IS YOUR DISCHARGE ON RECORD IN ANY TOWN OTHER THAN MILFORD? \_\_\_\_\_

IF SO, PLEASE GIVE NAME OF TOWN OR CITY: \_\_\_\_\_

DO YOU OWN REAL ESTATE IN MILFORD? \_\_\_\_\_

IF YES, PLEASE GIVE ADDRESS: \_\_\_\_\_

IF NO, PLEASE LIST YOUR MOTOR VEHICLE (INFORMATION INCLUDING PLATE NUMBER  
\_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_

(PLEASE NOTE..NATIONAL GUARD & RESERVES ARE NOT ELIGIBLE UNLESS ACTIVATED)

DATE OF ENTRY: \_\_\_\_\_

DATE OF SEPARATION: (DD214 FORM) \_\_\_\_\_

VOL. \_\_\_\_\_ PAGE \_\_\_\_\_

**\*\*\*PLEASE NOTIFY THIS OFFICE IMMEDIATELY OF ANY CHANGE OF  
ADDRESS\*\*\***

PHONE NO. \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_