

OFFICE OF THE TOWN CLERK
TOWN OF HEBRON
HEBRON, CONNECTICUT 06248

APPLICATION FOR VETERANS EXEMPTION FROM PROPERTY TAXES

Veteran: Name _____
Date enlisted or inducted _____ Date Discharged _____
Type of Discharge _____ Branch of Service _____
Amount of Disability Pension being Received: _____
Certificate of Blindness? _____ Date of Birth _____
Name of Veteran's Wife (or Husband) _____
Connecticut town in which you last claimed your Veteran's Exemption

Property: Name of Owner: _____
Phone Number: _____
Relationship to Veteran: _____
Mailing address of Owner: _____
Description of property: _____
Location of property: _____
Home Address (if different) _____
Date applicant became a permanent resident of Hebron _____

Signature of Applicant

Date

- Instructions:
1. Please print all information and fill in all spaces.
 2. Application to be submitted to the Town Clerk, 15 Gilead Street, P.O. Box 156, Hebron, CT 06248
 3. DD 214 form or other proof acceptable to the Assessor should be attached to the application.