**VETERAN’S ENTITLEMENT CERTIFICATION**

**PUBLIC ACT 04-40**

This is to certify that:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ formerly of the Town/City of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_qualifies for the Veteran’s

exemption under § 12-81 (19) for the \_\_\_\_\_\_\_\_\_ Grand List.

The related Honorary Discharge forms are recorded in Volume \_\_\_\_\_\_\_\_ Page \_\_\_\_\_\_ in the

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town Clerk’s office.

The above referenced veteran no longer resides in the Town/City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and is NOT receiving the exemption for the \_\_\_\_\_\_\_\_\_\_ Grand List.

The Veteran or Spouse of the Veteran requested the exemption be applied against eligible property located in the Town/City of: **TOWN OF EAST WINDSOR**.

For Disabled Veteran’s ONLY: Disability percentage for the current Grand List is: \_\_\_\_\_\_\_\_\_%

The Proof of Disability is on file in this Assessor’s Office. (Please forward proof)

I herby certify that the above is a true and correct statement of the Assessor’s and Town Clerk’s

records in the Town/City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and that I am the duly appointed Assessor for the Town/City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Assessor / Assistant Assessor / Clerk DATE

**ATTENTION Veteran: An original of this form has been sent to the new town. Please note, this is for the stated Grand List year ONLY. You MUST file your DD214 with the Town where you now reside prior to October 1st.**