

**APPLICATION FOR EXEMPTION OF CERTAIN MOTOR VEHICLES
SPECIALLY ADAPTED FOR PERSONS WITH DISABILITIES pursuant to CGS §12-81c(3)**

FILING PERIOD: BY JANUARY 31 FOLLOWING THE OCTOBER 1 ASSESSMENT DATE
If the vehicle is purchased after 1/31, application must be made by the next October 1 assessment date

Pursuant to the authority granted by CGS §12-81c(3) and adopted as a local ordinance at a Town Meeting on 12/6/1982, I make application for the exemption of one "ambulance-type motor vehicle which is used exclusively for the purpose of transporting any medically incapacitated individual." A copy of the ordinance was received by the applicant. I have included proof of the vehicle's eligibility.

Vehicle owner's name _____

Vehicle owner's mailing address _____

Address of location the vehicle most frequently leaves from and returns to _____

Address of person being transported with vehicle _____

Is the vehicle registered? Y____N____. If yes, what is the plate number _____

What is the VIN _____

Describe modifications made to vehicle _____

Cost of modifications (attach proof) _____

Do you receive payment or services in exchange for transport with this vehicle? Y____N_____

I CERTIFY UNDER THE PENALTIES OF FALSE STATEMENT THAT I MEET THE REQUIREMENTS OF CONNECTICUT GENERAL STATUTES §12-81c(3) AND AM ENTITLED TO THE TAX EXEMPTION PROVIDED FOR THEREIN

Signature of Applicant

Date

Print Applicant's Name

Phone Number

For Assessor's Use Only

Proof of the vehicle's eligibility:

1) Dated copy of the invoice showing modifications made to the vehicle _____

2) Valid special license plate for the disabled issued by the CT DMV _____

3) Letter from a physician or a licensed health care professional _____

4) Other _____

Date Received _____

Date Vehicle Inspected _____

Approved Y _____ N _____

Reason for denial _____

Initial Vehicle assessment _____