

August 3, 2022

**To all owners of motor vehicles currently registered in the Town of Ashford that are adapted for persons with a disability**

The Town of Ashford adopted an ordinance on December 6, 1982 exempting certain vehicles specially adapted for persons with disabilities. The ordinance is replicated below.

The following Ordinance as amended was adopted at the December 6, 1982 Town Meeting:

*The Board of Assessors, in accordance with this Ordinance, adopted under the authority of Section 12-81(c) of the Connecticut General Statutes, shall exempt from personal property taxation any ambulance-type motor vehicle which is used exclusively for the purpose of transporting any medically incapacitated individual, except any such vehicle used to transport any such individual for payment. Said exemption to be retroactive to the October 1982 Grand List.*

The above ordinance became effective fifteen (15) days from date published in newspaper.

ATTEST: Barbara B. Metsack, Town Clerk

The key eligibility criteria are:

- the vehicle must be registered with the CT Department of Motor Vehicles and must most frequently leave from and return to a property located in the Town of Ashford, Connecticut;
- the vehicle cannot be used to transport any individual for payment;
- the vehicle must be inspected by the assessor before the exemption is granted. The assessor may inspect the vehicle at least once every Grand List year but is not required to; and,
- the modifications must have cost at least \$1,000.

An application is attached. If you have any questions, please call the office at 860-487-4403, email [assessor@ashfordtownhall.org](mailto:assessor@ashfordtownhall.org) or stop in.

**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

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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 \_\_\_\_\_