APPLICATION FOR ANTIQUE, RARE OR SPECIAL INTEREST MOTOR VEHICLE

PURSUANT TO SECTION 12-71 (b) AS AMENDED BY PA 08-150

Antique, rare or special interest motor vehicles are eligible to be assessed at a value of not more than 500 dollars provided that they meet the following definition: "*Antique, rare or special interest motor vehicle*" *means a motor vehicle twenty years old or older which is being preserved because of historic interest and which is not altered or modified from the original manufacturer's specifications;".*

Please complete this form and return it with a photo of the vehicle to the Westport Assessor's Office.

OWNER INFORMATION

OWNER'S NAME	FIRST NAME	MIDDLE INITIAL	LAST NAME
OWNER'S MAILING ADDRESS	STREET NUMBER/STREET NAME	TOWN/CITY	ZIP CODE
OWNER'S TELEPHONE NUMBERS	TELEPHONE NUMBER	CELL NUMBER	FAX NUMBER

THE FOLLOWING QUESTIONS MUST BE ANSWERED (IF MORE SPACE IS NEEDED, USE THE REVERSE SIDE OF THIS FORM)

1. IS THIS MOTOR VEHICLE 20 YEARS OR OLDER? ☐ **NO** ☐ **YES**

2. IS THIS MOTOR VEHICLE BEING PRESERVED FOR HISTORIC INTEREST? ☐ **NO** ☐ **YES** IF YES THEN EXPLAIN IN THE SECTION BELOW OR ON THE REVERSE SIDE OF THIS FORM.

3. WHAT IS THE HISTORICAL SIGNIFICANCE OF THIS MOTOR VEHICLE? EXPLAIN IN THE SECTION BELOW OR ON THE REVERSE SIDE OF THIS FORM.

4. HAS THIS MOTOR VEHICLE BEEN ALTERED OR MODIFIED FROM THE ORIGINAL MANUFACTURER SPECIFICATIONS? ☐ **NO** ☐ **YES**
IF YES, PLEASE EXPLAIN IN THE SECTION BELOW OR ON THE REVERSE SIDE OF THIS FORM.

MOTOR VEHICLE INFORMATION

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER

PLEASE USE THIS SECTION FOR ANSWERS TO QUESTIONS 2, 3 OR 4. USE CONTINUATION SHEET IF NECESSARY.

AFFIDAVIT

The applicant deposes and says that all of the above statements are true and complete. The maker of a false affidavit/statement shall be subject to such fines, penalties and/or imprisonment as provided by law. My signature signifies that this affidavit has been read and understood.

_____ _____ _____

SIGNATURE OF PROPERTY OWNER | PRINT NAME | DATE SIGNED

Subscribed and sworn to before me: _____ _____

NOTARY PUBLIC OR MEMBER | DATE SIGNED

FOR ASSESSOR'S OFFICE USE ONLY

This application is ☐ approved ☐ denied for the Grand List of October 1, 2008.

The reason for denial: _____

_____ _____ _____

SIGNATURE OF MEMBER OF ASSESSOR'S OFFICE | PRINT NAME | DATE SIGNED

CONTINUATION SHEET