



WESTPORT CONNECTICUT

ASSESSOR'S OFFICE

110 Myrtle Avenue, Westport, CT 06880

Phone: 203-341-1070 Fax: 203-341-1136

APPLICATION FOR EXEMPTION OF MOTOR VEHICLE GRAND LIST OF OCTOBER 1, 2017

SEC. 12-81(c) EXEMPTION OF AN AMBULANCE-TYPE AND/OR SPECIALLY EQUIPPED, PRIVATELY OWNED MOTOR VEHICLE

NAME VEHICLE REGISTERED AS: _____

NAME OF DISABLED: _____

ADDRESS: _____ PHONE: _____

1. Is vehicle used exclusively to transport medically incapacitated or physically disabled individuals? Yes-No

2. Is any payment exacted from the use of this vehicle? Yes - No

YEAR OF VEHICLE _____ MAKE _____ MODEL _____ PLATE _____

VEHICLE IDENTIFICATION # (VIN) _____

DESCRIPTION OF SPECIAL EQUIPMENT OR MODIFICATIONS _____

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF ASSESSOR _____ DATE _____

This application is disallowed for the following reason _____

TO CONTINUE THE EXEMPTION –

THIS APPLICATION NEEDS TO BE RENEWED ON AN ANNUAL BASIS BY NOVEMBER 1ST.

THIS EXEMPTION EXPIRES WHEN THE VEHICLE IS SOLD

NEW VEHICLE REQUIRES A NEW APPLICATION TO BE FILED