

WESTPORT CONNECTICUT



ASSESSOR'S OFFICE
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APPLICATION FOR EXEMPTION OF MOTOR VEHICLE GRAND LIST OF OCTOBER 1, 2019

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

NAME VEHICLE REGISTERED AS: _____

NAME OF DISABLED: _____

ADDRESS: _____ PHONE: _____

Is vehicle used exclusively to transport medically incapacitated or physically disabled individuals? Yes or No ____

Is any payment exacted from the use of this vehicle? Yes or No _____

YEAR OF VEHICLE _____ MAKE _____ MODEL _____ PLATE _____ 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