TOWN OF BOLTON, CT GRAND LIST_____

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

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 and adopted as a local ordinance at a Board of Selectmen's meeting on 5/18/1999, 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 invoice or other 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 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 _____