

TOWN OF SOUTHINGTON
APPLICATION FOR TAX EXEMPTION ON AMBULANCE-TYPE MOTOR VEHICLES

CGS 12-81C FILING PERIOD SEPT. 1 – OCT. 31

___ GRAND LIST ___ SUPP. LIST
Exemption Code: DCC

OWNER NAME _____
ADDRESS _____

Description of vehicle which exemption is requested.

YEAR MAKE MODEL VIN

Is this vehicle used exclusively for transporting medically incapacitated individuals?

Yes _____ No _____

Is any payment received for transporting the medically incapacitated individuals?

Yes _____ No _____

List any modifications for special equipment (i.e. lifts, hand controls, etc) which were required to accommodate the incapacitated individual(s).

Estimated cost of these modifications. \$ _____

APPLICANTS AFFIDAVIT

The applicant herein claims a tax exemption under provisions of the Connecticut General Statutes 12-81c and the Town Ordinance 191-10.

SIGNATURE OF APPLICANT _____

DATE SIGNED _____ TELEPHONE NUMBER _____

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ASSESSOR'S AFFIDAVIT

Approved _____

Denied _____ Reason _____

ASSESSOR'S SIGNATURE _____ DATE _____
