



GRAND LIST YEAR OCTOBER 1, _____
APPLICATION FOR AMBULANCE-TYPE MOTOR VEHICLE EXEMPTION
FILE ANNUALLY – LOCAL OPTION
DUE BY DECEMBER 1st

Last Name

First Name

M.I.

Address

City, State, Zip Code

Telephone Number (home/cell):

Social Security Number:

Vehicle Information (Year, Make, Model):

License Plate #:

Year Purchased:

Is the vehicle used exclusively for transporting the medically handicapped?

YES / NO

Is this vehicle used for profit by transporting the medically handicapped:?

YES / NO

Briefly describe vehicle equipment installed for handicapped purposes:

Applicant Affidavit: The applicant hereby claims a property tax exemption under the provisions of C.G.S. 12-81 [c] as adopted by the East Haven Town Council 10/1995 and deposes that the above statements are true and complete.

Signature

Date _____

Approved By:

Town Assessor

Date _____