TOWN OF STAFFORD
APPLICATION
TAX EXEMPTION FOR HANDICAPPED EQUIPPED VEHICLES

As provided by section 12-81c of the Connecticut General Statutes, the Town of Stafford exempts from personal property taxation: 1. any ambulance type motor vehicle, i.e., any van-type motor vehicle, that has been significantly modified, and which is used exclusively for the purposes of transporting any medically incapacitated individual, except any such vehicle used to transport any such individual for payment, and 2. any motor vehicle owned by a person with disabilities, or owned by a parent or guardian of such person, which is adapted to allow operation of the vehicle that otherwise the owner would not be physically capable of operating. Application for such exemption must be made annually and such vehicle may be subject to physical inspection by the Assessor.

OWNER’S NAME______________________________

ADDRESS__________________________ ____________________________
Number & Street Town, State & Zip Code

This claim is submitted for the assessment date of October 1, ________

Vehicle Registration (plate) Number:____________  Year______ Make__________ Model__________
VIN____________________________

Attestation Statement

I hereby apply for tax exemption for (please check one below), pursuant to CGS §12-81c:

_____1. an ambulance-type motor vehicle, i.e., any van-type motor vehicle, that has been significantly modified, and which is used exclusively for the purpose of transporting any medically incapacitated individual, except any such vehicle used to transport any such individual for payment

_____2. a motor vehicle owned by a person with disabilities, or owned by a parent or guardian of such person, which is adapted to allow operation of the vehicle that otherwise the owner would not be physically capable of operating

All information herein provided is true and accurate to the best of my knowledge and belief.

______________________________ ______________________________ ______________________________
Owner Signature    Date       Telephone Number

Exemption Approved ____  Denied ____ Reason for denial:___________________________________________

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Assessor Signature & Date Signed