



TOWN OF NORTH HAVEN
**AMBULATORY MOTOR VEHICLE
EXEMPTION APPLICATION**

MUST BE FILED BY NOVEMBER 1 OF EACH YEAR

APPLICANTS NAME _____

ADDRESS _____

BIRTH DATE _____

DESCRIPTION OF VEHICLE

YEAR _____

MAKE _____

MODEL _____

VIN _____

REGISTRATION _____

DESCRIPTION OF MODIFICATIONS _____

§ 184-11 Grant of exemption; definitions; eligibility.

Pursuant to Section 12-81c of the Connecticut General Statutes, an exemption from personal property taxation is hereby created for any ambulance-type motor vehicle which is owned by an individual or individuals and is **used exclusively for the purpose of transporting any medically incapacitated individual**, specifically excepting any such vehicle used to transport any such individual for payment or profit.

For purposes of this ordinance, "ambulance-type vehicle" means any motor vehicle specially equipped or **modified in a significant way** for the purpose of transporting a medically incapacitated individual, including but not limited to the inclusion of wheelchair lifts and hand controls, special seating and significant modification to accommodate medical or emergency equipment, such as oxygen; and **"used exclusively" means that the vehicle is used and devoted primarily and inherently for the purpose of transporting a medically incapacitated individual** and does not mean vehicles used partly for transporting a medically incapacitated individual and partly for other purposes or vehicles used to transport any such individual for payment.

DOCUMENTS TO BE ATTACHED

- LETTER FROM A PHYSICIAN STATING THAT THE APPLICANT IS DISABLED AND REQUIRES AMBULATORY MODIFICATIONS TO VEHICLE
- COPY OF CURRENT MOTOR VEHICLE REGISTRATION
- DOCUMENTS DESCRIBING THE AMBULATORY MODIFICATIONS

I HEREBY CERTIFY UNDER PENALTIES OF FALSE STATEMENT THAT I MEET THE REQUIREMENTS SPECIFIED IN THE TOWN OF NORTH HAVEN ORDINANCE CHAPTER 184, ARTICLE V "EXEMPTION FOR AMBULANCE-TYPE MOTOR VEHICLES".

APPLICANTS SIGNATURE

DATE

ASSESSOR

DATE