



ASSESSOR'S OFFICE

MICHAEL J. MILICI, C.C.M.A. II  
Assessor

**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:

\_\_\_\_\_  
Michael J. Milici, Assessor

\_\_\_\_\_  
Date