



EAST HAVEN

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

Last Name	First Name	M.I.

Address	City/State	Zip Code

Telephone Number (home/cell)	Social Security Number

Vehicle Info: Year, Make, Model	Plate Number	Year Purchased

Is this vehicle used exclusively for transporting medically handicapped?
Yes _____ No _____

Is this vehicle used for profit by transporting medically handicapped?
Yes _____ No _____

Briefly describe vehicle equipment installed for handicapped purposes:

Applicants Affidavitt: 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