



**TOWN OF HAMDEN
ASSESSORS OFFICE**

2750 Dixwell Avenue
Hamden, CT 06518
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**APPLICATION FOR EXEMPTION OF MOTOR VEHICLE
GRAND LIST OF OCTOBER 1, 2**

Sec. 12-81 (h) EXEMPTION OF A MOTOR VEHICLE SPECIALLY EQUIPPED FOR A DISABLED VETERAN _____

Sec. 12-81 (c) EXEMPTION OF AN AMBULANCE-TYPE AND/OR SPECIALLY RIGGED, PRIVATELY OWNED MOTOR VEHICLE _____

NAME _____ **S.S.#** _____ **BIRTHDATE** _____

SPOUSE _____ **S.S.#** _____ **BIRTHDATE** _____

ADDRESS _____ **PHONE** _____

NAME VEHICLE IS REGISTERED UNDER, IF DIFFERENT _____

- 1.) Are you receiving a veteran's exemption in accordance with Sec. 12-81 (20) or (21) of the CT General Statutes? YES _____ NO _____
- 2.) Is this vehicle used exclusively to transport medically incapacitated or physically disabled individuals? YES _____ NO _____
- 3.) Is any payment exacted from the use of this vehicle? YES _____ NO _____
- 4.) Please attach medical documentation verifying that modifications to the vehicle are directly related to the medical or physical needs of the individual seeking the exemption.

YEAR OF VEHICLE _____ MAKE _____ MODEL _____ LICENSE PLATE # _____

VEHICLE IDENTIFICATION # (VIN) _____

DESCRIPTION OF SPECIAL EQUIPMENT OR MODIFICATIONS _____

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF ASSESSOR _____ DATE _____

This application is disallowed for the following reason _____

THIS EXEMPTION EXPIRES WHEN THE VEHICLE IS SOLD

New vehicle requires a new application to be filed!

THIS APPLICATION MUST BE FILED EVERY YEAR!