



33 East Main Street ▪ P.O. Box 71
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Office of the Assessor

**AMBULANCE TYPE & RETROFITTED HANDICAPPED MOTOR VEHICAL
EXEMPTION APPLICATION**

To: Assessor, Town of Portland,

I hereby apply for exemption from motor vehicle taxation as provided for in the Connecticut General Statutes Sec. 12-81c and adopted by the Board of Selectmen for the Town of Portland on Sept. 23, 1998.

Name: (last) _____ (First) _____ (Middle Initial) _____

Address: (No. Street) _____ (Town, State, and Zip) _____

Motor Vehicle Information:

Year _____ Make _____ Model _____ Vehicle Identification No.: _____

Is this motor vehicle registered? Yes _____ No _____ CT Reg/plate#: _____

Is the applicant the primary registered user? Yes _____ No _____

Please explain amount, cost and/or type of modification: _____

I, THE UNDERSIGNED, HEREBY AFFIRM THAT ALL STATEMENTS ARE TRUE AND ATTEST THAT VEHICLE MEETS ALLCRITERIA DEFINED UNDER C.G.S Sec. 12-81c AND HAVE ATTACHED PROOF OF VEHICAL COMPLIANCE

OWNERS SIGNATURE _____ DATE _____

ASSESSOR USE ONLY: _____ **APPROVED - Starting Grand list Yr. _____** _____ **NON COMPLIANT**

ASSESSORS SIGNATURE _____ DATE _____