

TOWN OF BURLINGTON
ANNUAL APPLICATION
FOR
TAX EXEMPTION ON CERTAIN AMBULANCE-TYPE MOTOR VEHICLES
CONNECTICUT GENERAL STATUTE SECTION 12-81C
TOWN OF BURLINGTON ORDINANCE – EFFECTIVE JUNE 20, 1998

Account # _____ Grand List Year _____

Title of Ownership _____ Date Purchased _____

Address _____

Make _____ Model _____ Year _____ Marker # _____

ID # _____ Purchase Price _____

1. Is this vehicle used exclusively for and devoted solely to the purpose of transporting one or more medically incapacitated individuals? _____

2. Is this vehicle used for hire? _____

3. Description of modification or special equipment in this vehicle:

4. Cost of modification and special equipment _____

I hereby swear to the truth of the foregoing statement.

Owner's Signature

Date

Any person claiming the exemption provided under CSS 12-81C shall file annually with the Assessor no later than January 31 following the assessment date with respect to which such exemption is claimed. For vehicles purchased on or after October 2 and before July 31 of the assessment year for which such exemption is requested, said application shall be made not later than 30 days after such purchase. Failure to file such application as prescribed herein with respect to any assessment year shall constitute a waiver of the right to such exemption for such assessment year.

AFFIDAVIT

I DO HEREBY DECLARE UNDER PENALTY OF FALSE STATEMENT THAT THE
MODIFICATIONS TO THE ABOVE MENTIONED VEHICLE ARE MEDICALLY NECESSARY
TO PERMIT THE MEDICALLY INCAPACITATED INDIVIDUAL TO USE SAID VEHICLE.

NAME _____

SIGNED _____ DATE _____

PLEASE CHECK ONE:

LICENSED HEALTH CARE PROFESSIONAL _____

REHABILITATION COUNSELOR _____

ADAPTIVE TRANSPORTATION EQUIPMENT COMPANY _____

MOTOR VEHICLE DEPARTMENT OFFICIAL _____

OTHER _____, PLEASE EXPLAIN _____

For Assessor's Use Only:

Date Received _____ On Grand List of _____

Application Approved _____ Application Denied _____ Reason for Denial _____
