



Town of West Hartford
ASSESSORS OFFICE

APPLICATION: (Check one)

____ Ambulance-type vehicle (not for hire) for the sole use of transporting a medically incapacitated individual

____ Vehicle owned by a person with disabilities or parent or guardian of such person.

____ Fifty (50) per cent Personal Property; Exemption for a motor vehicle specially equipped for purposes of adapting its use to the disability of a veteran.

REFERENCE: West Hartford Code of Ordinances, Chapter 161, Section 6 (CGS Sect. 12-81c).

APPLICANT:

Name: _____ Telephone: _____

Address: _____

Name of medically incapacitated individual if different from Applicant:

Vehicle:

List of Oct 1, _____ Make: _____

Model: _____ Vin: _____

Reg # _____ Date of Purchase: _____

Type of Modification and/or Special Equipment Installed: _____

Signature of Applicant: _____ Date: _____

Action: Accept _____ Reject _____ Date _____

Assessment Staff

MV Acct No. _____

ECC (asmt) _____