



Office Of The Assessor
2725 Main Street, Stratford, CT 06615
Phone: 203-385-4025 Fax: 203-395-4067
www.townofstratford.com

APPLICATION FOR TAX EXEMPTION FOR AMBULANCE-TYPE MOTOR VEHICLES

GS 12-81C

_____ GRAND LIST

NAME

ADDRESS

1. Description of vehicle for which exemption is requested.

MAKE MODEL YEAR REG.NO. V.I.N.

2. Is this vehicle used exclusively for transporting the medically incapacitated individuals?

YES NO _____

3. Is any payment received for transporting the medically incapacitated persons?

YES NO _____

4. Describe any modifications or special equipment (i.e. lifts, hand controls, etc.) which were required to accommodate the incapacitated persons.

5. Estimate the cost of these modifications. \$ _____

6. APPLICANT'S AFFIDAVIT

The applicant herein claims a tax exemption under provisions of the State General Statutes and the Town ordinance and certifies that the above statements are true and complete.

SIGNATURE OF APPLICANT:

DATE SIGNED:

TELEPHONE NUMBER:

ASSESSOR'S AFFIDAVIT

Approved _____

Exemption Amount Approved _____

Not Approved _____

SIGNATURE OF ASSESSOR

OR MEMBER OF ASSESSOR'S STAFF _____

DATE _____