

## TAX EXEMPTION ON CERTAIN AMBULANCE-TYPE MOTOR VEHICLES

As pursuant to Sec 12-81c of the Connecticut General Statutes, I hereby make application to the South Windsor Assessor to exempt the following ambulance-type motor vehicle from motor vehicle taxes.

Title of Ownership: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Body Style: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Plate Number: \_\_\_\_\_

To aid in determining if this vehicle qualifies as an ambulance-type, not for hire vehicle, list all special equipment and their cost. The vehicle must be used for the sole purpose of transporting a medically incapacitated individual.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Below, please check off either YES or NO:

Is this vehicle used **EXCLUSIVELY** for the purpose of transporting a medically incapacitated individual?      YES \_\_\_\_\_      NO \_\_\_\_\_

Is this vehicle used to transport an individual for payment?   YES \_\_\_\_\_      NO \_\_\_\_\_

If this vehicle is sold or replaced, you must notify the Assessor's Office to receive proper credit.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date