



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

**AMBULANCE TYPE & RETROFITTED HANDICAPPED MOTOR VEHICLE
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.:

CT Registration/plate#: _____

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

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

➔ Supporting documents or proof of vehicle compliance must be provided

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

OWNERS SIGNATURE DATE

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

ASSESSORS SIGNATURE DATE