

**EXEMPTION FROM PERSONAL PROPERTY TAXATION
FOR ANY AMBULANCE TYPE AND RETROFITTED
HANDICAPPED VEHICLES**

To: Assessor, Town of Portland

I hereby apply for an exemption from taxes as provided for in the Connecticut General Statutes Sec. 12-81c and adopted by the Board of Selectmen for the Town of Portland on September 23, 1998.

Name (Last) (First) (Middle Initial)

Address (No. Street) (Town) (State) (Zip)

Vehicle for which exemption is required:

(Year) (Make) (Model) (Identification Number)

CERTIFICATION

I certify under the penalties of false statement that I meet the requirements of Connecticut General Statutes Sec. 12-81c and am entitled to the tax exemption provided for therein **and have attached proof of vehicle compliance.**

Applicant's Signature Date