

TOWN OF COLEBROOK
Assessor's Office
562 Colebrook Road, P.O. Box #5
Colebrook, CT 06021
860- 379-3359 x206 FAX 860-379-2342

APPLICATION FOR EXEMPTION OF AMBULANCE TYPE VEHICLES

Grand List Year _____

Owner's Name: _____

Owner's Address: _____

Type of Vehicle: _____ Year: _____

Plate # _____ VIN# _____

Pursuant to the authority granted to municipalities by CSG 12-81(c), the Town of Colebrook may exempt from personal property taxation any specially equipped motor vehicle (as herein defined) owned by a person with disabilities or owned by the parent or guardian of a person with disabilities effective with the October 1, 2018 Grand List upon compliance with the terms of the ordinance approved at a town meeting on October 15, 2018. Any such exemption shall expire when the vehicle is sold.

PERSON WITH DISABILITIES means any person who has a physical impairment which requires the special adaptive equipment referenced in the definition of Specially Equipped Motor Vehicle in order to adapt the use of such vehicle to the physical impairment of that person. Persons with physical impairments of a limited duration shall not be considered as persons with disabilities.

SPECIALLY EQUIPPED MOTOR VEHICLE means a motor vehicle which has undergone a permanent modification to its frame or other structural member by the bolting or welding of special equipment for the purposes of adapting its use to the physical impairment of a person with disabilities. Such equipment shall include raised roofs with roll-bar systems, raised doors, special control stations, dropped floors, kneeling systems, wheelchair lift, ramp, hand controls, car lift and any other device or mechanism necessary to permit the vehicle's operation by the person with disabilities or the parent or guardian of the person with disabilities.

Applications for this exemption **shall be filed annually** with the Assessor not later than **December 31st** following the assessment date with respect to which such exemption is claimed. Medical documentation must be submitted only once (with original application for exemption).

For motor vehicles purchased on or after October 1st in any assessment year, said application shall be filed not later than 120 days from the date of purchase.

APPLICATION FOR EXEMPTION OF AMBULANCE TYPE VEHICLES, Part II

MEDICAL DOCUMENTATION: To be signed by a physician licensed to practice medicine in the State of Connecticut; *(for first time applicants only, not necessary to resubmit physician's statement annually)*

I hereby certify that the installation of special equipment installed on the above motor vehicle is directly related to the physical impairment of the above person with disabilities and/or their child or ward in order to adapt the operation or the accommodation of such person.

Signature of Physician

Dated

Name of Physician, Mailing Address, Phone No. (please print)

I, _____, do hereby declare under penalty of false statement that the statements herein made by me are true and accurate according to the best of my knowledge and belief.

Signature of Owner

Dated

Signature of Parent of Guardian (if applicable)

Dated