

CITY OF NEW HAVEN DEPARTMENT OF ASSESSMENT

165 Church Street New Haven, CT 06510 Phone: (203) 946-4800 Fax: (203) 946-7122



Email: assessor@newhavenct.gov

Application for exemption of certain handicapped equipped motor vehicles

Pursuant to Connecticut General Statute 12-81c(3) & Municipal Ordinance 28-17

This form must be completed and returned to the Assessor's Office no later than **November 1**st following the grand list year for which you are seeking exemption. Please contact the Assessor's office in order to arrange for a physical inspection of the vehicle.

		Owner Information		
Full Name:				
	Last	First		M.I.
Address:				Apartment/Unit #
	City	S	State	ZIP Code
		Vehicle Information		
Plate Number:		Year:		
VIN:		Make:		
Color:		Model:		
Are any profits d	lerived directly from the use of th	is vehicle? (if ves. explain)		
Please outline th	e modifications made to this veh	icle:		
		Physician Statement		
		itten letter on your physician's stationary may be		
Please describe t	the nature of the physical or med	ical disability of the individual to be transpo	orted:	
I hereby certify t	hat the special equipment descri	bed above is justified by this individual's co	ndition(s)	
Physician's Signatu	ıre			
		Certification		
Owner Signature		Date		
Inspected and Appl	roved by	Date		