

Town of Essex
Office of the Assessor

**APPLICATION FOR THE EXEMPTION OF CERTAIN
MOTOR VEHICLES SPECIALLY ADAPTED FOR USE BY
PERSONS WITH DISABILITIES**

Vehicle Registered to: _____

Address: _____

Telephone Number: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____

CT Marker Plate #: _____ VIN #: _____

Description of Modification or special equipment: _____

AFFIDAVIT OF FACTS

I DO HEREBY DECLARE THAT I AM A PERSON WITH DISABILITIES AND THE OWNER OF THE ABOVE MOTOR VEHICLE, WHICH HAS BEEN SPECIALLY ADAPTED FOR MY USE.

Signature: _____ Date: _____

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To be completed by licensed health care professional or Department of Motor Vehicles Official

CERTIFICATION OF VEHICLE MODIFICATIONS

I DO HEREBY DECLARE UNDER THE PENALTY OF FALSE STATEMENT THAT THE MODIFICATIONS TO THE ABOVE VEHICLE ARE MEDICALLY NECESSARY TO PERMIT THE PERSON WITH DISABILITIES (named above) TO USE SAID VEHICLE.

Name: _____ Title: _____

Signature: _____ Date: _____

*Any person claiming the exemption provided under 12-81c shall file **annually** with the Assessor no later than December 31st following the assessment date (Oct 1) with respect to which such exemption is claimed. For vehicles purchased on or after October 2nd and before July 31st of the assessment year for which such exemption is requested, said application shall be made no later than (30) thirty days after said purchase. Failure to file such application as prescribed herein with respect to any assessment year shall constitute a waiver of the right to such exemption for such assessment year.*