

**Town of Essex**  
Office of the Assessor

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**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: \_\_\_\_\_

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*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 31<sup>st</sup> following the assessment date (Oct 1) with respect to which such exemption is claimed. For vehicles purchased on or after October 2<sup>nd</sup> and before July 31<sup>st</sup> 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.*