EXEMPTION APPLICATION
PERSONAL PROPERTY TAXATION
AMBULANCE TYPE AND
RETROFITTED HANDICAPPED VEHICLES
-ECC-

To: Assessor, Town of Monroe

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 Selectman for the Town of Monroe on September 23, 1998.

_____ _____ _____

(Last)Name **(First Name)** **(Middle Initial**

_____ _____ _____

(No) Street Name **(Town)** **(State)** **(Zip)**

Vehicle for which exemption is required:

_____

Year **Make** **Model**

_____

Vehicle Identification Number

I CERTIFY UNDER THE PENALTIES OF FALSE STATEMENT THAT I MEET THE REQUIREMENTS OF Connecticut General Statutes Sec. 12-81c and entitled to the tax exemption provided for therein and have attached proof of vehicle compliance.

Applicant's Signature **Date**

_____

Justin R. Feldman CCMA II
Assessor, Town of Monroe