



TOWN OF WESTBROOK
ASSESSOR'S OFFICE
860-399-3016
FAX 860-399-3098

**APPLICATION FOR EXEMPTION FOR AMBULANCE TYPE MOTOR
VEHICLES PURSUANT TO SECTION 12-81(c) FILE BEFORE 10/1**

APPLICANT INFORMATION:

NAME: _____

ADDRESS: _____

VEHICLE: YEAR/MAKE/MODEL: _____

VIN# _____ **PLATE #** _____

DATE OF REGISTRATION: _____

PURPOSE OF TRANSPORTATION: _____

MODIFICATIONS TO MV (ATTACH INVOICE/SPECIFICATIONS:

I, _____, HEREBY SWEAR THAT THE

STATEMENTS HEREIN ARE TRUE TO THE BEST OF MY

KNOWLEDGE:

SIGNED _____ **DATE** _____

ASSESSOR'S USE ONLY

APPROVED: YES _____ **NO** _____ **FOR GRAND LIST OF** _____

SIGNATURE OF ASSESSOR: _____