



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 10/01

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: _____

APPROVED: YES _____ NO _____ FOR GRAND LIST OF _____

SIGNATURE OF ASSESSOR: _____