



TOWN OF KILLINGLY

Assessor's Office

172 Main Street, Killingly, CT 06239
Tel: 860 779-5324 Fax: 860 779-5338

APPLICATION FOR TAX EXEMPTION FOR CERTAIN MOTOR VEHICLES

This application is being filed for the purpose of providing relevant information to the Assessor of the Town of Killingly in order to receive tax exemption for any motor vehicle, which has undergone significant mechanical or structural changes in order to permit an individual with a physical disability to safely drive or ride as a passenger. The determination by the Assessor of the eligibility of an applicant is based on information and documentation provided. The vehicle must be inspected by the Assessor or his/her representative before the exemption will be granted.

Applicant (owner): Name _____

Mailing Address _____

Physical Address _____ Ph # _____

City, State, Zip _____

Vehicle information: Registration Number _____ Year _____

Make _____ Model _____

Modifications (describe) _____

Cost of the modifications _____

I do hereby declare under penalty of false statement that the statements made herein by me are true according to the best of my knowledge and belief. I further declare that I have read the ordinance for Tax Exemption for Certain Motor Vehicles and am familiar with its provisions.

Dated _____ Signed _____

Assessor's Verification Section

Cost proof submitted _____ List number _____ Grand List _____

Application approved YES ____ NO ____ Reason for denial: _____

/S/ _____
Assessor

Date

ASSESSOR: FORWARD COMPLETED COPY OF APPLICATION TO APPLICANT