



**ANNUAL APPLICATION FOR TAX EXEMPTIONS ON  
AMBULANCE-TYPE VEHICLES**

Pursuant to section 12-81c of the Connecticut General Statutes, adopted by local ordinance #6.03 and as approved to a Town Meeting on January 8, 1991, hereby make application to the East Hampton Assessors to exempt the following ambulance-type vehicle from property taxes.

Title of Ownership: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle ID#: \_\_\_\_\_ Plate#: \_\_\_\_\_

To aid in determining if this vehicle qualifies as an ambulance-type vehicle, list all special equipment and cost to install them:

Is this vehicle used exclusively for the purpose of transporting a medically incapacitated individual? Yes [ ] No [ ]

Is this vehicle used to transport any individual for payment? Yes [ ] No [ ]

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
For Assessors use only

Date Received: \_\_\_\_\_ on the Grand List of 20 \_\_\_\_\_

Application Approved: \_\_\_\_\_ Application Denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_