

CITY OF STAMFORD

Application for wheelchair equipped Exemption from Personal Property Tax Must be filed on or before November 1 of each assessment year to be eligible.

I hereby apply for Exemption of Personal Property Tax on Privately Owned Vehicles with wheelchair lift devices or other wheelchair adaptations per CGS §12-81c and City of Stamford Ordinance § 220-5.1

NAME (Last)	(First)	(Middle In	nitial) DATE O	F BIRTH	SOC. SECURITY NUMBER
MAILING ADDRESS (No. and Street)			CITY,	STATE	ZIP CODE
		Vehicle Inform	nation		
Registered owner of vehicle: (name & address)			Make/Model		YEAR
VIN Number:			Plate I	Plate Number DATE EQUIPPED / /	
vehicle was equippe	d with wheelchair	lift devices or o	ther wheelchair	· adaptati	entation to show when the ons for physically disabled any wheelchair-bound
This exemption shall	not apply to any vo	ehicle used to tra	nsport physically	disabled	individuals for payment.
		Certifi	cation		
	-		_		of the City of Stamford ovided for therein.
Signature of Applicant	(or Agent))	Date Signed / /	Agent's Name, Ro	elationship, &	& Telephone number (printed)
	I	FOR ASSESSOI	R'S USE ONLY		
Verification:		ty attached? (for	rm TPQY from Socia	ıl Security O	ffice or SS1099 showing Medicare
Certification	of wheelchair equ	uipment installa	tion attached?		
I, as Assessor which meets all of the	•	· · · · · ·		-	for the vehicle named above ce § 220-5.1
Signatu	re of Assessor		Date		Grand List