

Town of Marlborough

Assessor
CCMA II, A.A.T.



26 North Main Street
P.O. Box 29
Marlborough, CT 06447
(860) 295-6201
Fax (860) 295-0317

Application for Exemption of an Ambulance-Type or Modified Handicap Accessible Vehicles

Pursuant to Section 12-81c of the Connecticut General Statutes the Town of Marlborough has enacted Local Ordinance, in order to allow an annual exemption for Ambulance-Type and Modified Handicap Accessible Vehicles. This municipal ordinance is known as Marlborough Town Ordinance #A-14.

Grand List Year: _____ List Number: _____

Owner of the Vehicle _____ Registration # _____

Owner's Address _____ Phone # _____

Name of person with disabilities _____

Make of vehicle _____ Model _____

VIN _____ Year _____

Type of modifications after original manufacture: _____

Failure to file this form annually on or before November 1, or in regards to a supplemental bill not later than thirty (30) days after such purchase, shall be a waiver to your right to such exemption in that year.

Signature of owner:

Witnessed by Assessor's Staff or Notarized:

Date: _____