



Town of Wallingford, Connecticut

Department of Finance
Assessing Division

294-2001 Phone
294-2003 Fax

**APPLICATION FOR THE EXEMPTION OF CERTAIN MOTOR VEHICLES
SPECIALLY ADAPTED FOR USE BY PERSONS WITH DISABILITIES**

Vehicle Registered to: _____

Address: _____

Telephone Number: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____

CT Plate No.: _____ Vin. No.: _____

Description of modification or special equipment: _____

AFFIDAVIT OF FACTS

I DO HEREBY DECLARE THAT I AM A PARENT OF OR A PERSON WITH
DISABILITIES AND THE OWNER OF THE ABOVE MOTOR VEHICLE, WHICH HAS
BEEN SPECIALLY ADAPTED FOR MY USE.

Signature: _____ Date: _____

.....
To be completed by licensed health care professional or Department of Motor Vehicles Official.

CERTIFICATION OF VEHICLE MODIFICATIONS

I DO HEREBY DECLARE UNDER THE PENALTY OF FALSE STATEMENT THAT THE
MODIFICATIONS TO THE ABOVE VEHICLE ARE MEDICALLY NECESSARY TO
PERMIT THE PERSON WITH DISABILITIES (Named above) TO USE SAID VEHICLE.

Name: _____ Title: _____

Signature: _____ Date: _____

.....
Office use only:

APPROVED DENIED By _____ Date: _____

EXEMPTION OF CERTAIN MOTOR VEHICLES SPECIALLY ADAPTED FOR USE BY PERSONS WITH DISABILITIES

Pursuant to the authority granted to municipalities by Section 12-81c of the Connecticut General Statutes, as amended by Public Act 98-125, the Wallingford Town Council by ordinance, exempts from personal property taxation certain motor vehicles owned by a person with disabilities. Any motor vehicle owned by a person with disabilities, which is equipped, after its original manufacture, for the purpose of adapting its use to the disability of such person, shall be exempt from personal property taxation.

Any person claiming the exemption shall file annually with the Assessor no later than December 31st following the assessment date with respect to which such exemption is claimed. For vehicles purchased on or after October 2nd and before July 31st of the assessment year for which such exemption is requested, said application shall be made not later than (60) sixty days after such purchase. Failure to file such application as prescribed herein with respect to any assessment year shall constitute a waiver of the right to such exemption for such assessment year.

INSTRUCTIONS

1. You must be the owner of the vehicle
2. You must be a person with disabilities who suffers from a medical condition that functionally limits one or more major life functions.
3. The vehicle must be adapted or modified after its original manufacture, with special equipment for the purpose of adapting its use to the disability of the owner
4. You must provide documentation from a licensed health care professional, rehabilitation counselor or Connecticut Motor Vehicle Department official certifying that the modifications to the vehicle were medically necessary to allow you to utilize said vehicle.
5. You must provide documentation specifying the modifications that were made to the vehicle.
6. You must file annually; however, documentation must only be filed once for each vehicle.
7. You must provide new documentation when you purchase a new vehicle.
8. You must file on or before December 31st **each year** following the assessment date with respect to which the exemption is claimed for the Regular Motor Vehicle Grand List.
9. You must file within (60) sixty days after purchasing a specially equipped vehicle to receive the exemption on a Supplemental Motor Vehicle Grand List.

For further information or for assistance in filing for this exemption, contact the Wallingford Assessor:

Town Hall, Room 101
45 South main Street
Wallingford, CT 06492

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