

TOWN OF THOMASTON

EXEMPTION APPLICATION: VEHICLES OWNED BY PERSONS WITH DISABILITIES

(COPY OF TOWN ORDINANCE ARTICLE III SECTIONS 247-4 THROUGH 247-7 ON BACK)

Name of medically incapacitated individual: _____

Birthdate of incapacitated individual: _____

Name of Vehicle Owner (if different: _____

Owner's relationship to incapacitated individual: _____

Vehicle's primary location: _____

Is the vehicle used exclusively for the transporting of the medically incapacitated person?

Yes

No

Is the vehicle used for transporting any individual for payment?

Yes

No

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____

License Plate: _____

Modifications made:

APPLICANT'S AFFIDAVIT

The applicant or authorized agent does hereby certify, under the penalties of false statement, that the information provided in and with this application is accurate and complete. The owner or agent is aware that failure to provide accurate and complete information is grounds for the denial of this application. The signature below signifies that this affidavit has been read and understood.

(Applicants/Agents Signature)

(Date)

FILING DEADLINE IS OCTOBER 31 ANNUALLY

FOR ASSESSOR'S USE ONLY

DATE RECEIVED: _____

GRAND LIST YEAR _____

APPLICATION APPROVED _____ APPLICATION DENIED _____

REASON WHY DENIED _____

: _____
