



Town of Windham

Ambulance - Type Motor Vehicle Exemption Application

Filing Date: Annually by October 1

Name Birthdate Social Security No.

Address

Attach Documents:

_____ A letter from a physician stating that the applicant is disabled and requires ambulatory modifications to his/her motor vehicle in order to travel.

_____ A photocopy of the current motor vehicle registration for the ambulance-type motor vehicle considered for this application.

_____ Documents describing the ambulatory modifications.

Description of Ambulance - Type Motor Vehicle

Year _____ VIN Number _____

Make _____ Color _____

Model _____ Registration Number _____

Certification

I hereby certify under penalties of false statement that I meet the requirements specified in the "Town of Windham" Ambulance - Type Motor Vehicle Exemption Ordinance.

Applicants Signature

Date

Assessor

Date