TOWN OF LITCHFIELD

ASSESSOR'S OFFICE
74 West Street ~ P.O. Box 488
Litchfield, Connecticut 06759-0488
Phone 860-567-7559 ~ Fax 860-567-7552
www.townoflitchfieldct.gov

APPLICATION FOR ANTIQUE, RARE OR SPECIAL INTEREST MOTOR VEHICLE

Pursuant to Section 12-71(b) as amended by PA 08-150

Under new state law PA 08-150, all vehicles that are over 20 years old can be considered to be valued at $500 assessment dollars providing that the below application is completed in its entirety and meet the definition under section (3) "*Antique, rare or special interest motor vehicle" means a motor vehicle twenty years old or older which is being preserved because of historic interest and which is not altered or modified from the original manufacturer's specifications*".

OWNER INFORMATION

NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER(S): _____ Home _____ Cell _____ Fax

*****A picture of the motor vehicle must be provided in addition to this application*****

MOTOR VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____ VIN: _____

List and describe any and all alterations and/or modifications from the original manufacturer's specifications:

_____

_____

_____

_____

(COMPLETE OTHER SIDE)

THE FOLLOWING QUESTIONS MUST BE ANSWERED

(If more space is needed, attach a separate sheet)

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1. Is this Motor Vehicle 20 years or older? No ☐ Yes ☐

2. Is this Motor Vehicle being preserved? No ☐ Yes ☐

3. Is there historical use for this motor vehicle? If Yes, then explain how? No ☐ Yes ☐

_____

4. Has this motor vehicle been altered or modified from the original manufacturer's specification? If Yes, then explain how? No ☐ Yes ☐

_____

AFFIDAVIT

The applicant acknowledges that all of the above statements are true and complete. The applicant of a false affidavit/statement shall be subject to such fines, penalties and/or imprisonment as provided by law. My signature signifies that this affidavit has been read and understood.

_____ _____ _____
SIGNATURE OF OWNER PRINT NAME DATE SIGNED

*****A picture of the motor vehicle must be provided in addition to this application*****

FOR ASSESSOR'S OFFICE USE ONLY

This application is: ☐ APPROVED ☐ DENIED REASON: _____ GRAND LIST OF OCTOBER 1, _____

_____ _____ _____
SIGNATURE OF MEMBER OF ASSESSOR'S OFFICE PRINT NAME DATE SIGNED