



ASSESSORS OFFICE
TOWN OF BROOKFIELD PO BOX 5106
BROOKFIELD CT 06804

Phone: 203-775-7302
Fax: 203-740-3871

APPLICATION FOR RETROFITTED HANDICAP VEHICLE EXEMPTION

ANNUAL FILING REQUIRED ON or BEFORE OCTOBER 1ST

Name of Applicant: _____
Print Last Name First Middle Initial

Mailing Address: _____
Number and Street

Town: _____ State: _____ Zip: _____

Vehicle Garage Location: _____

Vehicle Description: Make _____ Model _____ Year _____
VIN _____

For initial applications only, the following must be filed with the Assessor's Office:

- Documentation of retrofitting including date and description
- Signed Physician's statement re: Applicant's disability with regard to Brookfield's local ordinance Section 2-A

Section 2-A: "Person with disabilities means an individual who has a physical impairment or impairments which substantially limit major life activities such as seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for oneself and working. However, an individual with a minor non-chronic condition of short duration shall not be considered to be a person with disabilities for the purposes of the ordinance."

Applicant's Signature Date

APPROVED:

Assessor's Signature Date

Grand List Year