APPLICATION FOR ANTIQUE, RARE OR SPECIAL INTEREST MOTOR VEHICLE

PURSUANT TO SECTION 12-71 (b) AS AMENDED BY PA 08-150

Antique, rare or special interest motor vehicles are eligible to be assessed at a value of not more than 500 dollars provided that they meet the following definition: "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;".

Please complete this form and return it with the vehicle for inspection to the Westport Assessor's Office.

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			OWNER IN	FORMAT	ION								
	OWNER'S NAME	3	FIRST NAME		MIDDLE INITIAL	LAST NAME							
OWNER'S MAILING ADDRESS			STREET NUMBER/ST	REET NAME	TOWN/CITY	ZIP CODE							
OWNER'S TELEPHONE NUMBERS			TELEPHONE NUMBE	R	CELL NUMBER	FAX NUMBER							
	THE FOLLOWING QUESTIONS MUST BE ANSWERED (IF MORE SPACE IS NEEDED, USE THE REVERSE SIDE OF THIS FORM)												
1. IS THIS MOTOR VEHICLE 20 YEARS OR OLDER? □ NO □ YES													
2. IS THIS MOTOR VEHICLE BEING PRESERVED FOR HISTORIC INTEREST? \square NO \square YES IF YES THEN EXPLAIN IN THE SECTION BELOW OR ON THE REVERSE SIDE OF THIS FORM.													
	3. IS THERE ANY HISTORIC SIGNIFICANCE TO THIS MOTOR VEHICLE? EXPLAIN IN THE SECTION BELOW OR ON THE REVERSE SIDE OF THIS FORM.												
	4. HAS THIS MOTOR VEHICLE BEEN ALTERED OR MODIFIED FROM THE ORIGINAL MANUFACTURER SPECIFICATIONS? □ NO □ YES IF YES, PLEASE EXPLAIN IN THE SECTION BELOW OR ON THE REVERSE SIDE OF THIS FORM.												
MOTOR VEHICLE INFORMATION													
	YEAR	MAKE	MODEL	VEHICLE IDE	NTIFICATION NUMBER								
PLEASE USE THIS SECTION FOR ANSWERS TO QUESTIONS 2, 3 OR 4. USE CONTINUATION SHEET IF NECESSARY.													
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	The applicant deposes and says that all of the above statements are true and complete. The maker 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.												
	SIGN	WNER		PRINT NAME DATE S									
	Subscribed and sworn to	OTARY PUBLIC OR MEM	Y PUBLIC OR MEMBER DATE SIGNED		ED								
FOR ASSESSOR'S OFFICE USE ONLY													
		This application is	□ approved □ den	ied for the	e Grand List of October 1, 2009								
The reason for denial:													
	SIGNATURE	OF MEMBER OF ASSESSO	R'S OFFICE	<u></u>	PRINT NAME	DATE SIGNED							

CONTINUATION SHEET