

TOWN OF HEBRON ASSESSOR'S OFFICE, 15 GILEAD STREET, HEBRON CONNECTICUT 06248
 TELEPHONE 860-228-5971 ext. 147 FAX 860-228-4859

APPLICATION FOR ANTIQUE, RARE OR SPECIAL INTEREST MOTOR VEHICLE

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

Vehicles that are over 20 years old can be considered to be valued at \$500 in assessment providing that the below application is completed in entirety and meet the definition under section (3) "Antique, rare, or special interest motor vehicle" meaning a motor vehicle 20 years or older which is being preserved because of historic interest and which is NOT altered or modified from the original manufacturer's specifications. This application is required to be **filed annually** and is due between the assessment date of October 1 and the due date of taxes following such assessment date. Failure to file this form will result in your vehicle being valued at average retail value based on the National Automobile Dealers Association (NADA) pricing guide.

OWNER INFORMATION

| | | | |
|---------------------------|---------------------------|----------------|------------|
| OWNER'S NAME | FIRST NAME | MIDDLE INITIAL | LAST NAME |
| OWNER'S MAILING ADDRESS | STREET NUMBER/STREET NAME | TOWN/CITY | ZIP CODE |
| OWNER'S TELEPHONE NUMBERS | TELEPHONE NUMBER | CELL NUMBER | FAX NUMBER |

MOTOR VEHICLE INFORMATION

| | | | |
|--|------|-------|-------------------------------|
| YEAR | MAKE | MODEL | VEHICLE IDENTIFICATION NUMBER |
| LIST AND DESCRIBE ANY AND ALL ALTERATIONS AND/OR MODIFICATIONS FROM THE ORIGINAL MANUFACTURER'S SPECIFICATIONS: (USE REVERSE SIDE IF NECESSARY) | | | |

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? <input type="checkbox"/> NO <input type="checkbox"/> YES |
| 2. IS THIS MOTOR VEHICLE BEING PRESERVED? <input type="checkbox"/> NO <input type="checkbox"/> YES, IF YES THEN EXPLAIN HOW ON THE REVERSE SIDE OF THIS FORM. |
| 3. WHAT IS THE HISTORICAL INTEREST OF THIS MOTOR VEHICLE? EXPLAIN ON THE REVERSE SIDE OF THIS FORM. |
| 4. HAS THIS MOTOR VEHICLE BEEN ALTERED OR MODIFIED FROM THE ORIGINAL MANUFACTURERS SPECIFICATION? <input type="checkbox"/> NO <input type="checkbox"/> YES |

AFFIDAVIT

The applicant deposes 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.

| | | |
|------------------------------------|---------------|-------------|
| SIGNATURE OF PROPERTY OWNER | PRINT NAME | DATE SIGNED |
| Subscribed and sworn to before me: | NOTARY PUBLIC | DATE SIGNED |

FOR ASSESSOR'S OFFICE USE ONLY

This application is approved denied for the Grand List of October 1, _____

The reason for denial: _____

| | | |
|---|------------|-------------|
| SIGNATURE OF MEMER OF ASSESSOR'S OFFICE | PRINT NAME | DATE SIGNED |
|---|------------|-------------|