



TOWN OF ROCKY HILL, CONNECTICUT

Stuart W. Topliff
Assessor
Town of Rocky Hill
761 Old Main Street
Rocky Hill, CT 06067
Telephone: (860) 258-2722
Fax: (860) 258-2708

Application for Specially Adapted Motor Vehicle

1. Name: _____

2. Spouse Name: _____

3. Mailing Address: _____

4. Telephone Number: _____

5. Motor Vehicle Information:

Title Owner: _____

Year: _____ Make: _____ Model: _____ ID#: _____

Purchase Price \$ _____ Did the purchase include special equipment? YES NO

List all special equipment and cost: _____

6. Is this vehicle used exclusively for transporting a medically handicap person? YES NO

7. Is this vehicle use for transporting any other individual for payment? YES NO

8. Date of Purchase : _____

Signature of Applicant _____ Date _____

_____ Approved

_____ Denied; Reason _____