



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: _____

Email: _____ Cell or Home Phone: _____

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 _____