

APPLICATION FOR ANTIQUE, RARE, OR SPECIAL INTEREST MOTOR VEHICLE

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

Under new state law PA 08-150 all vehicles that are over 20 years old can be considered to be valued at 500 assessment dollars providing that the below application is completed in its entirety and meet the definition under section (3) "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;" Failure to file this form by December 15th of the grand list year for which you are applying will result in your vehicle being valued at average retail value based on NADA values according to State Statutes.

OWNER INFORMATION

OWNER'S NAME	FIRST NAME	MIDDLE INITIAL	LAST NAME
OWNER'S MAILING ADDRESS	STREET NO./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
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LIST AND DESCRIBE ANY AND ALL ALTERATIONS AND/OR MODIFICATIONS FROM THE ORIGINAL MANUFACTURER'S SPECIFICATIONS:

THE FOLLOWING QUESTIONS MUST BE ANSWERED (IF MORE SPACE IS NEEDED, ATTACH A SEPARATE SHEET)

1. IS THIS MOTOR VEHICLE 20 YEARS OR OLDER?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
2. IS THIS MOTOR VEHICLE BEING PRESERVED? IF YES, EXPLAIN HOW?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
3. IS THERE A HISTORICAL USE FOR THIS MOTOR VEHICLE? IF YES, THEN EXPLAIN HOW?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
4. HAS THIS MOTOR VEHICLE BEEN ALTERED OR MODIFIED FROM THE ORIGINAL MANUFACTURER'S SPECIFICATION? IF YES, THEN EXPLAIN HOW?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
5. PROVIDE ANY FURTHER PERTINENT INFORMATION AND PHOTOGRAPHS OF VEHICLE FOR REVIEW.		

Affidavit

The applicant acknowledges that all of the above statements are true and complete. The applicant 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 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 Grand List of October 1, 20__

The reason for denial: _____

_____ SIGNATURE OF MEMBER OF ASSESSOR'S OFFICE _____ PRINT NAME _____ DATE SIGNED