

TOWN OF HOPKINTON
WHEELCHAIR LIFT EXEMPTION APPLICATION

NAME: _____

Address: _____

Permanent address (if different) _____

VEHICLE OWNER: _____

VEHICLE MAKE: _____

VEHICLE MODEL: _____

VEHICLE YEAR: _____

PLATE NUMBER: _____

VEHICLE USE

COMMERCIAL: YES NO

PRIVATE: YES NO

I the undersigned attest that all information stated above is true and if any or all Of the information is found to be untrue I waive all rights to said exemption.

_____ **DATE** _____

I the Hopkinton Tax Assessor state that I have made a physical inspection of the Vehicle and it is outfitted with a wheelchair lift.

_____ **DATE** _____

Assessor or Assistant