

ADAPTED MOTOR VEHICLE EXEMPTION APPLICATION {West Greenwich Ordinance # 83}



TOWN OF WEST GREENWICH
280 VICTORY HIGHWAY
WEST GREENWICH, RI 02817
Phone: (401) 392-3800 Fax: (401) 392-3805

Tax year: _____

Date Applied: _____

44-34-13 **Tax exemption on vehicles adapted for persons who are disabled.** - (a) The city or town councils of the various cities and towns may, by ordinance , exempt from taxation up to fifty percent (50%) of the value of any motor vehicle that is necessary to transport a family member with a disability or where the vehicle has been specially adapted to meet the specific needs of the person with a disability. This exemption shall apply to not more than one motor vehicle owned and registered for personal, noncommercial use. After the assessors have allowed an exemption under this section, no further evidence of the existence of the facts required by this section shall be required in any subsequent year in the city or town in which the exemption has been allowed.

(b) For the purpose of this section:

(1) "Special adaptations" includes, but is not limited to: wheelchair lifts; wheelchair carriers; wheelchair ramps; wheelchair securements; hand controls; steering devices; extensions, relocations, and crossovers of operator controls; power assisted controls; raised tops or dropped floors; raised entry doors; or alternative signaling devices to auditory signals.

(2) "Specially adapted motor vehicle" means a motor vehicle with special adaptations; provided that the cost of the special adaptations meets or exceeds seven percent (7%) of the value of the motor vehicle.

Ownership Information

Registered to: _____
Registration Date: _____
Mailing Address: _____
Town, ST, Zip _____
Phone Number: _____
Email Address: _____

Motor Vehicle Information

Year: _____
Make: _____
Model: _____
VIN: _____
NADA Value: _____
Cost of Conversion: _____
Type of Conversion: _____

I hereby swear or affirm that the above referenced vehicle has been specially modified to transport myself, or a family member, with a disability. I understand that this exemption applies to this vehicle alone and that should this vehicle be replaced with another specially modified vehicle, a new application would have to be made to the Tax assessor's Office.

Signature _____

ASSESSOR'S USE ONLY

Approved

Denied

Signature: _____

Date: _____