



*TOWN OF ROCKY HILL, CONNECTICUT*

Stuart W. Topliff  
Assessor  
Town of Rocky Hill  
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**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 \_\_\_\_\_