

SPECIALLY ADAPTED VEHICLE EXEMPTION APPLICATION INSTRUCTION:

1. The cost of the special adaptations meets or exceeds 7% of the value of the motor vehicle.
 - ❖ The term “ special adaptations” includes, but is not limited to: Wheelchair lifts; Wheelchair carriers; Wheelchair ramps; Wheelchair restraints; 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 signal
2. This exemption applies to not more than one motor vehicle owned and registered for personal, noncommercial use.
3. The completed application should be Notarized, and brought to the Tax Assessor’s Office by December 31st of the previous calendar year of the first billing cycle.
4. The vehicle also must be brought to the Tax Assessor’s Office for a representative of said office to inspect, and confirm the equipment listed as a Special Adaptation.

Town of North Providence
Specially Adapted Motor Vehicle
Exemption Application
Ordinance # 02-015

Date: _____ **Acct. #** _____

Name of Register: _____

Mailing Address: _____ **Phone:** _____

Plate: _____ **Make, Model, Year:** _____

Who is the Vehicle adapted for (name & relation): _____

Address if different: _____

What special equipment has been installed (describe): _____

**I SWEAR THAT THE FORE GOING INFORMATION IS TRUE, COMPLETE,
AND CORRECT.**

Signature of vehicle owner:

Signature of Disabled Person:

Notary:

Subscribed and sworn to me this _____ day of _____ 20_____
In the (city/town) _____ or Rhode Island.

Notary Signature: _____
My Commission Expires on: _____

TAX ASSESSOR'S OFFICE USE, DO NOT WRITE BELOW THIS LINE.

Inspection of Vehicle: Date: _____ **Initial:** _____

What was observed: _____

