



**Town of
Cumberland**
WEB-SITE COPY
Date returned
____/____/____
Plat ____ Lot ____
Acct. #

NOTICE TO INTERSTATE TRUCKING/BUS COMPANIES FOR 2010 BILLING YEAR

If you are seeking an Interstate Exemption (ICC) on a vehicle or trailer for the 2010 Tax Bill you are required to file an Annual Tax Exemption Form for each vehicle. Owners are required to schedule an appointment with the Tax Assessor during the month of March (before March 9th).

At this appointment, the Assessor will review the Tax Exemption Form and all Driver,s Daily Logs for 2009 (no other documentation will be accepted) on each vehicle or trailer. The Assessor may require additional information: R.I.G.L (44-34-34-4) to determine the exemption status.

Owners must show a direct connection between the Driver's Daily Log and the vehicle being considered.

Vehicles that qualify must show that: 'VEHICLES WERE USED SOLEY TO TRANSPORT PROPERTY OR PASSENGERS FOR HIRE AND THAT NO TRANSPORTATION OF ANY PROPERTY OR PASSENGERS ORIGINATE AND TERMINATE WITHIN THE STATE OF RHODE ISLAND.'

The documentation must prove beyond a doubt that the above requirement is clearly met. If there is any doubt the Assessor reserves the right to deny the exemption.

Owners will be notified within ten (10) working days which vehicles have qualified. If false information is filed on the Tax Emption Form the Town of Cumberland will bill the owners with interest.

If no appointment is made within the specified time period the Assessor reserves the right to tax the vehicle with no exemption.

Contact the Assessor's Office during March of 2010 to schedule your appointment.

Patricia Acquaviva-Aubin, RICA
Tax Assessor

TOWN OF CUMBERLAND
TAX EXEMPTION FORM FOR TRUCKS, TRAILERS & BUSES

AFFIDAVIT REGARDING TRUCK, TRAILER OR BUS
OPERATED EXCLUSIVELY IN INTERSTATE COMMERCE

Town of
Cumberland
WEB-SITE COPY
Date returned
____/____/____
Plat ____ Lot ____
Acct. # _____

Please fill out Sections 1 & 2 if applicable.

Section 1 TO BE COMPLETED BY REGISTRANT

NAME OF REGISTRANT _____

ADDRESS OF REGISTRANT _____

STATE _____

ZIP CODE _____

I hereby certify that from _____ to _____ in _____ the truck, trailer or bus described below was operated by a bus or trucking company solely to transport property or passengers for hire and that no transportation of any property or passenger both originated and terminated within the state of Rhode Island. If an operator of such truck, trailer or bus during such calendar year was a bus or trucking company that was not the registrant, I hereby certify that an Affidavit of Truck, Trailer or Bus operated exclusively in Interstate commerce is signed under penalty of perjury by each such bus or trucking company that was an operator of such truck, trailer or bus during such calendar year and each such signed affidavit is set forth in Section 2 hereof or is attached hereto.

DESCRIPTION OF VEHICLE: _____ TRUCK _____ TRAILER _____ BUS (check one)

ICC permit number, if any: _____

U.S. DOT number, if any: _____

Rhode Island registration number: _____

Year _____ Make _____

Model _____ V.I.N. _____

If I am a cooperate officer, partner, executor, receiver, administrator, or trustee of the named registrant and I am signing this affidavit on behalf of the named registrant, I certify that I have the authority to execute this affidavit on behalf of the named registrant.

Signed under penalty of perjury, this _____ day of _____

Print Name First _____ Last _____

Signature _____ Title _____

Telephone Number(s) _____

TOWN OF CUMBERLAND
TAX EXEMPTION FORM FOR TRUCKS, TRAILERS & BUSES

Section 2 TO BE COMPLETED BY BUS OR TRUCKING COMPANY THAT WAS THE OPERATOR BUT NOT THE REGISTRANT

NAME OF BUS OR TRUCKING COMPANY

ADDRESS STATE ZIP CODE

I hereby certify that from _____ to _____ in _____ the bus or trucking company named above operated the truck, trailer or bus described below solely to transport property or passengers for hire and that no transportation of any property or passenger both originated and terminated within the state or Rhode Island.

DESCRIPTION OF VEHICLE: _____ TRUCK _____ TRAILER _____ BUS (check one)

ICC permit number, if any: _____

U.S. DOT number, if any: _____

Rhode Island registration number: _____

Year _____ Make _____

Model _____ V.I.N. _____

If I am a cooperate officer, partner, executor, receiver, administrator, or trustee of the named bus or trucking company and I am signing this affidavit on behalf of the named bus or trucking company, I certify that I have the authority to execute this affidavit on behalf of the named bus or trucking company.

Signed under penalty of perjury, this _____ day of _____

Print Name First Last

Signature Title

Telephone Number(s)