

Map _____ Lot _____

Application For Blind Persons Exemption
For Local Property Tax

Title 36 M.R.S.A. Section 654

Name of Applicant: _____

Mailing Address: _____

Legal Residence: _____

Telephone #: _____

Has the applicant been determined to be blind by the Department of Education?

Yes _____ No _____

Date: _____

Signature of Applicant

The applicant must be determined to be blind by the Department of Education. You must submit a physician's report to the Department and request that they send a letter of certification to the Assessor's Office. The Department may be contacted at the following address:

Department of Education
Division For the Blind & Visually Impaired
35 Anthony Avenue
Augusta, ME 04333-0515
Telephone # 1-624-5323

For Assessor's Use Only

_____ Approved _____ Date _____ Signature

_____ Denied _____ Date

Exemption amount \$4,000, adjusted by the certified Ratio