

PERSON who is BLIND

(775) 847-0961 Phone

(775) 847-0904 Fax

Application for Personal Exemption

NAME OF APPLICANT:	
MAILING ADDRESS:	
CITY, STATE & ZIP:	
PHONE NUMBER:	

1. I established actual bona fide residency in the State of Nevada (must have current Nevada Driver's License or a Nevada Identification Card).
2. I understand my application for exemption must be filed in the County in which I reside.
I presently reside at:
3. I have not claimed an exemption in any other County in Nevada for the current fiscal year.
4. I understand that I must immediately report any address change to the Storey County Assessor.
5. I, , am blind. (Blind is defined by NRS 361.085 as: visual acuity with correcting lenses does not exceed 20/200 in the better eye, or vision in the better eye is restricted to a field which subtends an angle of not greater than 20°.
6. I am furnishing to the Storey County Assessor's Office a certificate of a licensed physician stating that said doctor has examined me and found me to be a blind person.
7. I request my exemption be applied as follows:
 - Motor Vehicle Governmental Service Tax Benefit
 - Real Property Tax Roll, Parcel No.
 - Mobile Home/Personal Property Tax Roll, Account No.
8. I affirm and certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Only original signatures will be accepted, no copies or faxes.

Please note that this document must be signed in front of the County Assessor or a Notary Public in order to be legal.

ASSESSOR OR NOTARY PUBLIC