



CARSON CITY ASSESSOR'S OFFICE
201 N. CARSON ST., STE #6
CARSON CITY, NV 89701
(775) 887-2130

BLIND
Application for Personal Exemption

NAME: _____
MAILING ADDRESS: _____

CITY & STATE: _____
ZIP CODE: _____
PHONE NUMBER: _____

1. I, _____, am blind. (Blind is defined as: visual acuity with correcting lenses does not exceed 20/200 in the better eye is restricted to a field which subtends an angle of not greater than 20 degrees).
2. I am furnishing the Carson City Assessor's Office with an affidavit of a Nevada-licensed physician stating said doctor has examined me and has found me to be a blind person.
3. I established actual bona fide residency in the State of Nevada (must have a current Nevada Driver's License or a Nevada Identification Card). I presently reside at: _____.
4. I understand my application for exemption must be filed in the county in which I reside.
5. I have not claimed an exemption in any other county in Nevada for the current fiscal year.
6. I understand that I must immediately report any change of address to the Carson City Assessor's Office.
7. I claim a Blind Exemption exempting property in Carson City from taxation under the provisions of NRS 361.085 to the extent of \$3,960 assessed valuation (adjusted for each fiscal year by adding to each amount the product of the amount multiplied by the percentage increase in the Consumer Price Index (all items) from July 2003 to the July preceding the fiscal year for which the adjustment is calculated.

2017/2018 assessed valuation amount is \$3,960 which corresponds to \$158.00 off the governmental service tax.

8. I request my exemption be applied as follows:

_____ Motor Vehicle Governmental Service Tax Benefit: for fiscal year _____.
_____ Real Property tax roll, Parcel No. _____ for fiscal year _____.
_____ Mobile Home tax roll, Acct. No. _____ for fiscal year _____.
_____ Personal Property tax roll, Acct. No. _____ for fiscal year _____.

9. I affirm and certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Witnessed By: _____ Gave voucher: _____ Send voucher: _____