

B. EXEMPTION STATUS:

Were you legally blind as of July 1, _____? Yes No

Are you registered with Mass. Commission for the Blind? Yes No

If yes, give Certificate Number _____ Date registered _____
(Attach copy of certificate.)

If no, attach a letter from your doctor indicating status as of July first.

C. SIGNATURE: Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

Your Signature

Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

_____ Ownership

_____ GRANTED

Assessed Tax _____

_____ Occupancy

_____ DENIED

Exempted Tax _____

_____ Status

_____ DEEMED DENIED

Adjusted Tax _____

Date Voted /Deemed Denied _____

BOARD OF ASSESSORS

Certificate No. _____

Date Cert./Notice Sent _____

Date _____