

CANTON
FISCAL YEAR 20___

BLIND

APPLICATION FOR STATUTORY EXEMPTION
CHAPTER 59, SECTION 5, CLAUSE 37A

MUST BE FILED WITH BOARD OF ASSESSORS ON OR BEFORE DECEMBER 15 OR 3 MONTHS
AFTER ACTUAL (NOT PRELIMINARY) TAX BILLS ARE MAILED

A. (COMPLETE THIS APPLICATION FULLY)

NAME _____

MARITAL STATUS _____

DOMICILE AND LOCATION OF PROPERTY AS OF July 1st? _____

MAILING ADDRESS (IF DIFFERENT) _____

TELEPHONE NO _____

DID YOU OWN PROPERTY AS OF July 1st? YES _____ NO _____ IF YES, WERE YOU THE
SOLE OWNER _____ CO-OWNER W/SPOUSE ONLY _____ CO-OWNER W/ OTHERS _____

WAS THE PROPERTY SUBJECT TO A TRUST July 1st? YES _____ NO _____ (IF YES, ATTACH COPY, INCLUDING
SCHEDULES.)

BLIND PERSON

WERE YOU DESIGNATED AS LEGALLY BLIND AS OF July 1st YES _____ NO _____

ARE YOU REGISTERED WITH MASS.COMMISSION FOR THE BLIND? YES _____ NO _____

IF YES, GIVE CERTIFICATE NUMBER _____ DATE REGISTERED _____

**** (ATTACH COPY OF CERTIFICATE FROM THE COMMISSION, DATED JULY 1st OF
CURRENT YEAR)**

IF NO, ATTACH A LETTER FROM YOUR DOCTOR INDICATING STATUS AS OF JULY 1ST

SIGNATURE _____ DATE: _____

FOR OFFICE USE ONLY

-----OFFICE USE ONLY-----
BOARD OF ASSESSORS

_____, _____, _____
*** We request that this form be returned to the Assessors Office ASAP**

*** Because of all of the new surgeries available a yearly certificate is required**