APPLICATION FOR BLIND PERSONS EXEMPTION FROM LOCAL PROPERTY TAXES

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

1. Name of Applicant:_____

2. Mailing Address:_____

3. Legal Residence:_____

4. Telephone Number:_____

5. Eligibility:

   a. Has the applicant been determined to be blind by a licensed Doctor of Medicine, Doctor of Osteopathy or Doctor of Optometry? (Please attach appropriate documentation to prove eligibility).

   ☐ Yes ☐ No

NOTE: No property conveyed to any person for the purpose of obtaining exemption from taxation under this provision shall be so exempt, and the obtaining of such exemption by means of fraudulent conveyance shall be punished by a fine of not less than $100 and not more than 2 times the amount of taxes evaded by such fraudulent conveyance, whichever amount is greater. In case any person entitled to such exemption has property taxable in more than one place in the State, such proportion of such total exemption shall be made in each place as the value of the property taxable in such place bears to the value of the whole of the property of such person taxable in the State.

_____ Date

_____ Signature of Applicant

_____ Date

_____ Signature of Guardian or Authorized Agent if Applicant is unable to sign

---

FOR ASSESSOR(S) USE ONLY

☐ APPROVED $4,000 times certified ratio = _____

☐ DENIED Grounds for denial:_____

_____

_____

Date:_____ Assessor(s)_____

_____

_____

_____