



TOWN OF WASHINGTON

BRYAN MEMORIAL TOWN HALL
POST OFFICE BOX 383
WASHINGTON DEPOT, CONNECTICUT 06794
ASSESSOR'S OFFICE
PHONE: (860) 868-0398

Tax Exempt Application

BLIND PERSON

I hereby apply for the \$3,000 tax exemption as provided for in the Connecticut General Statutes Sec. 12-81(17)

Name		Date of Birth
Social Security #	Phone Number	
Mailing Address		
<i>Document(s) attached:</i> <input type="checkbox"/> Proof of eligibility - In accordance with applicable state regulations (Sec. 12-92), to receive property tax exemption		
CERTIFICATION I CERTIFY UNDER THE PENALTIES OF FALSE STATEMENT THAT I MEET THE REQUIREMENTS OF CONNECTICUT GENERAL STATUTES SEC 12-81(17) AND AM ENTITLED TO THE TAX EXEMPTION PROVIDED FOR THEREIN.		
Applicant's Signature		Date
***** ASSESSOR USE ONLY *****		
ASSESSOR'S AFFIDAVIT: _____ Upon review of this claim, I believe the claimant to be entitled to the above exemption. _____ This claim is disallowed for the following reason: _____		
Assessor Signature		Date