## 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.	Eliç	Eligibility:		
	a.		or Doctor of Optometry? (Pleas	nd by a licensed Doctor of Medicine, Doctor of se attach appropriate documentation to prove
NO <sup>*</sup>	16.	No property conveyed to any person for the purpose of obtaining exemption from taxa under this provision shall be so exempt, and the obtaining of such exemption by means fraudulent conveyance shall be punished by a fine of not less than \$100 and not more that times the amount of taxes evaded by such fraudulent conveyance, whichever amount greater. In case any person entitled to such exemption has property taxable in more than place in the State, such proportion of such total exemption shall be made in each place as value of the property taxable in such place bears to the value of the whole of the propert 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				
	AF	PROVED	\$4,000 times certified ratio = _	
	DE	ENIED	Grounds for denial:	
Date	ə: <u> </u>		Assessor(s	S)