



Town of Cromwell
Assessor's Office
 41 West Street
 Cromwell CT 06416
 860-632-3442

Shawna O'Neil, CCM, A II
Tax Assessor

Donna Otlowski
Deputy Assessor

Michelle Milardo
Assessment Technician

Blind Exempt Application

I hereby apply for the \$3,000.00 blind tax exemption (off my assessed value) as provided for in the Connecticut General Statutes Sec.12-81 (17).

_____ Name (Last)	_____ (First)	_____ (Middle Initial)
_____ Address	_____ (No., Street, Town)	_____ (Zip Code)
_____ Birth date	_____ Social Security #	_____ Applicant's Telephone #

Blindness is defined in Connecticut State Statute § 12-92.
Requirements for granting the Blind Exemption are:

1. Must be a Resident of the State of Connecticut.
2. Must provide the Assessor with a "Certification of Legal Blindness" as received from:

State of Connecticut
 Department of Human Resources
 Board of Education and Services for the Blind
 170 Ridge Road
 Wethersfield CT 06109

3. Eligibility for exemption must be proved to the Assessor before the signing of the Grand List, which occurs normally the second week of January.

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 to the tax.

 Applicant's Signature _____
Date

APPROVED

 Assessor's Office _____
Date