

BLIND PERSONS
THE COMMONWEALTH OF MASSACHUSETTS

FISCAL YEAR _____

TOWN OF WESTWOOD

APPLICATION FOR STATUTORY EXEMPTION

Must be filed with the Board of Assessors not later than December 15, to which the Tax relates

To the Board of Assessors

Name(s) of Record Owner(s) _____ Marital Status _____

Name of Applicant _____ Date of Birth _____

RELATIONSHIP TO OWNER

Location of Real Estate Upon Which Exemption is claimed _____

Is such Real Estate occupied by you as your Domicile? _____ Tel. No. _____

List applicant's domicile (number, street and town) as of :

July 1 of this year _____

July 1 of last year _____

PROOF OF BLINDNESS

State in detail your claims as applicant, setting forth ALL THE FACTS relating thereto.

(Proof of Blindness as certified by Massachusetts Commission of the Blind should be attached to this form.)

Date when blindness was determined. _____

Date of Registration with Massachusetts Commission of the Blind (Chapter 69, Sections 19 and 19A) _____

Are you at present registered with Massachusetts Commission of the Blind? _____

Remarks: _____

Clause Thirty-seven A: The sum of five hundred dollars of the actual taxes due, of a blind person who is a legal resident of the commonwealth, whether such property is owned by him separately or jointly or as a tenant in common: provided, that such property is occupied by such person as his domicile. No real property shall be exempt which has been conveyed to such blind person to evade taxation.

LOCATION OF REAL ESTATE UPON WHICH EXEMPTION IS CLAIMED AS DOMICILE _____

When and how acquired _____, I _____ DATE BY PURCHASE, INHERITANCE, FORECLOSURE, GIFT, ETC....

APPLICATION FOR EXEMPTION FOR FISCAL YEAR ENDING JUNE 30, 20 _____

Tax Bill No _____ Tax Assessed \$ _____

Subscribed this day: _____ of _____ 20 _____ under the penalties of perjury.

Signature of Applicant _____

FOR ASSESSOR'S RECORDS

Notice sent _____ for hearing _____ Hearing held _____ with _____

Exemption _____ in previous year \$ _____ Account No. _____

Page _____ Line _____

EXEMPTION DISALLOWED _____

EXEMPTION ALLOWED _____ ON VALUATION OF \$ _____

WESTWOOD BOARD OF ASSESSORS

DATE _____ 20 _____

THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR TAX.
THIS FORM APPROVED BY COMMISSIONER OF REVENUE