

APPLICATION FOR BLIND EXEMPTION

REAL ESTATE OWNED

<u>LOCATION &amp; DESCRIPTION</u>	<u>ASSESSOR'S PLAT/LOT</u>	<u>FULL VALUE CLAIMED</u>

PERSONAL PROPERTY


Subscribed & sworn to  
before me this \_\_\_\_\_  
day of \_\_\_\_\_ 19\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE

STATE OF RHODE ISLAND  
TOWN OF WESTERLY \_\_\_\_\_ 19\_\_

Then & there \_\_\_\_\_ personally  
appeared before me & made oath that the foregoing account by  
\_\_\_\_\_ signed & exhibited, contains to the best of \_\_\_\_\_  
knowledge & belief, a true & full account & valuation of all  
\_\_\_\_\_ estate ratable in said Town of Westerly.

\_\_\_\_\_  
Town Assessor

Please attach a dated & signed letter from your doctor & the completed Rhode Island Services for the Blind & Visually Impaired Ophthalmological Consultation Report Form. This document may be obtained through:

DEPARTMENT OF HUMAN SERVICES  
OFFICE OF REHABILITATION SERVICES  
SERVICES FOR THE BLIND & VISUALLY IMPAIRED  
40 FOUNTAIN STREET  
PROVIDENCE, RHODE ISLAND 02903-1898  
TEL. (401) 277-2300  
FAX- (401) 277-1328