



**CARSON CITY ASSESSOR'S OFFICE**  
**201 N. CARSON ST., STE #6**  
**CARSON CITY, NV 89701**  
**(775) 887-2130**

**BLIND**  
**Application for Personal Exemption**

**NAME:** \_\_\_\_\_  
**PHYSICAL ADDRESS:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**CITY, STATE, ZIP:** \_\_\_\_\_  
**PHONE NUMBER:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

1. I, \_\_\_\_\_ am blind. (Blind is defined as: visual acuity with correcting lenses does not exceed 20/200 in the better eye is restricted to a field which subtends an angle of not greater than 20 degrees).
2. I am furnishing the Carson City Assessor's Office with an affidavit of a Nevada-licensed physician stating said doctor has examined me and has found me to be a blind person. **Initial:** \_\_\_\_\_
3. I established actual bona fide residency in the State of Nevada per NRS 361.015. **Initial:** \_\_\_\_\_
4. I understand my application for exemption must be filed in the county in which I reside. **Initial:** \_\_\_\_\_
5. I have not claimed an exemption in any other county in Nevada for the current fiscal year. **Initial:** \_\_\_\_\_
6. I understand that I must immediately report any change of mailing or physical address to the Carson City Assessor's Office. **Initial:** \_\_\_\_\_
7. I claim a **Blind Exemption** exempting property in Carson City from taxation under the provisions of NRS 361.085

**2024/2025 assessed valuation amount is \$5,160 which corresponds to \$206.00 off the governmental service tax.**

8. I request my exemption be applied as follows:  
\_\_\_\_\_ Motor Vehicle Governmental Service Tax Benefit: for fiscal year \_\_\_\_\_.  
\_\_\_\_\_ Real Property tax roll, Parcel No. \_\_\_\_\_ for fiscal year \_\_\_\_\_.  
\_\_\_\_\_ Mobile Home tax roll, Acct. No. \_\_\_\_\_ for fiscal year \_\_\_\_\_.  
\_\_\_\_\_ Personal Property tax roll, Acct. No. \_\_\_\_\_ for fiscal year \_\_\_\_\_.

9. I affirm and certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Gave voucher: \_\_\_\_\_ Send voucher: \_\_\_\_\_