

TAX EXEMPTION APPLICATION
BLIND PERSONS
FORM B-1 Revised 5/01

Town of Woodstock
415 Route 169
Woodstock, CT 06281
(860) 928-6929 ext. 327

TO: ASSESSOR, Town of Woodstock

I hereby apply for the \$3000 tax exemption as provided for in the Connecticut General Statutes Sec.1 -81 (17)

| NAME <i>(Last)</i> | <i>(First)</i> | <i>(Middle Initial)</i> | BIRTHDATE |
|--------------------|----------------|-------------------------|-----------|
| | | | / / |
| SOCIAL SECURITY | | | |

ADDRESS *(No., Street, Town or City)* *(State, Zip code)*

Document(s) attached:

Proof of eligibility, in accordance with applicable state regulations (Sec. 12-92), to receive property tax exemption.

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.

APPLICANT'S SIGNATURE

DATE

APPROVED

ASSESSOR'S SIGNATURE

DATE