



**DOUGLAS COUNTY ASSESSOR'S OFFICE**  
**1616 EIGHTH ST**  
**PO BOX 218**  
**MINDEN, NV 89423**  
**775-782-9830 or FAX 775-782-9884**

**Blind Person's Exemption Application**

**NAME:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**CITY & STATE:** \_\_\_\_\_  
**ZIP CODE:** \_\_\_\_\_  
**PHONE NUMBER:** \_\_\_\_\_

1. I established actual bona fide residency in the State of Nevada (must have a current Nevada Driver's License or a Nevada Identification Card), and a copy of the vision determination from a Medical professional. Visual acuity must not exceed 20/200 in the better eye when corrected, or your field of vision subtends an angle of 20 degrees or less.
2. I understand my application for exemption must be filed in the county in which I reside. I presently reside at: \_\_\_\_\_
3. I have not claimed an exemption in any other county in Nevada for the current fiscal year.
4. I understand that I must immediately report any change of address to the Douglas County Assessor's Office.
5. The assessed valuation is adjusted for each fiscal year by adding to each amount the product of the amount multiplied by the percentage increase in the Consumer Price Index.

I claim a **Blind Person's Exemption** exempting property in Douglas County from Taxation. **2020/2021 deduction from assessed valuation is \$4,320 or \$173 off the governmental service tax for DMV registration.**

6. 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 \_\_\_\_\_.

8. 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: \_\_\_\_\_ Voucher received: \_\_\_\_\_ Send voucher: \_\_\_\_\_