HUMBOLDT COUNTY ASSESSOR'S OFFICE
BLIND CLAIM FOR TAX EXEMPTION

I, _____ undersigned, hereby swear or affirm that I am an actual bona fide resident of the State of Nevada. I am a blind person and have submitted a certificate from a license physician of the State of Nevada stating the same.

I have not claimed any exemption of taxes in any other County of the State of Nevada for the current fiscal year.

Signed _____

Address _____

_____

I wish to use my exemption for ☐ DMV _____

(Acct #) ☐ Personal Property _____

(Parcel #) ☐ Real Property _____

State of Nevada
County of Humboldt

Signed before me this , day of , 20 _____,

by _____.

_____
Assessor or Deputy Assessor or Notary Public