



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

2025/2026 assessed valuation amount is \$5,310 which corresponds to \$212.00 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: _____