

Initial tax year applying for: \_\_\_\_\_

**APPLICATION FOR BLIND**  
**TAX EXEMPTION**

TO: Board of Selectmen/Assessor, Town of Exeter

Name(s) of Applicant(s) \_\_\_\_\_

Location of Property: \_\_\_\_\_

Telephone Number \_\_\_\_\_

MAP # \_\_\_\_\_ LOT # \_\_\_\_\_ UNIT # \_\_\_\_\_

\*\*\*\*\*

**Please include a copy of your blind certification papers from:  
The State of NH Department of Education**

Signature(s) of Applicant(s) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

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Disposition of Application (for Selectmen/Assessor use)

Granted \_\_\_\_\_ Denied \_\_\_\_\_ Exemption Allowed \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Assessor

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_  
(Signatures of Selectmen/Assessor)