



# Town of North Smithfield Blind Persons Exemption

*Exemption must be returned to the Tax Assessor's Office by December 31<sup>st</sup> each year*

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ RI \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status: Single: \_\_\_\_\_, Married: \_\_\_\_\_, Or Widow: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_ Spouse Birth Date: \_\_\_\_\_

Is the above address your legal residence? Yes    No

Are you a legal resident of State of Rhode Island? Yes    No

Are you receiving any other exemption from the town of North Smithfield? Yes    No  
If so, which exemption: \_\_\_\_\_

**Documents that must be submitted with application:**

**-Copy of your Rhode Island ID**

**-Copy of your RI ORS 'Services for Blind & Visually Impaired' Declaration Letter, stating the date you became legally blind. If you need a copy of your letter, you must contact the Office of Rehabilitation Services:**

40 Fountain St  
Providence, RI 02903  
Local Phone Number: 401-222-2300    TDD: 401-421-7016

**-OR a copy of your Certificate of Legal Blindness from your Optometrist's office.**

**Disclaimer & Signature**

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*I do hereby swear or affirm that the answers to the above information is true, correct, and complete to the best of my knowledge.*

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Assessing Personnel Use Only**

Account Number: \_\_\_\_\_ Plat: \_\_\_\_\_ Lot: \_\_\_\_\_ Unit: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_