

2024 BLIND EXEMPTION APPLICATION

K. Wayne Cushing, CPA
Salt Lake County Treasurer



NOTE: A new application must be filed each year. The deadline to apply is September 3, 2024

Web: slco.org/treasurer
Email: taxrelief@slco.org
Phone: (385) 468-8300 (Option #2)
Fax: (385) 468-8301
Hours: 8AM - 5PM
Address: 2001 S State St., #N1-200
PO Box 144575
SLC, UT 84114-4575

(Office Use Only)
APPLICATION ID: _____
Received: _____
Entered: _____
Audited: _____
Screen Audit: _____

Code(s): _____

(Office Use Only)

1. APPLICANT

Last Name	First	Initial	Birth Date	SS#
Mailing Address			Resident Address	
City, State, Zip			Phone	Email
Spouse Name	Birth Date	Death Date (if deceased)		SS#

2. OWNERSHIP

Real Property (residential) Parcel #: _____ **Mobile Home Account #:** _____

NOTE: Property is held in a trust and on file with the Treasurer's agency.

Motor Vehicles: Year _____ Make _____ Plate # _____

Year _____ Make _____ Plate # _____

NOTE: If requesting a refund or adding vehicles that are not on record, copies of registrations are required.

3. AFFIDAVIT

First time applicants must provide a statement signed by a licensed ophthalmologist (An updated signed statement is needed every 10 years) **verifying that the qualifying person has:**

- No more than 20/200 visual acuity in the better eye when corrected; or
- In the case of better than 20/200 central vision, a restriction of the field of vision in the better eye which subtends an angle of vision no greater than 20 degrees. (UCA 59-2-1106(3)).

I/We hereby certify the following: (Mark all which apply)

- I am a United States Citizen.
- I am a qualified alien as defined in 8 U.S.C., Sec. 1641 and lawfully present in the United States.
My Alien Registration Number is _____. My I-94 Number is _____.
(New applicants who are qualified aliens must provide copies of their immigration documents)
- I am ____ a blind person or ____ an unmarried surviving spouse or minor orphan of a deceased blind person.
- I have not applied for 2024 tax relief in any other county in Utah.

Certification

I/We hereby swear subject to penalties of perjury and other legal and civil penalties that the information provided herein is complete, true and correct. I/We agree and understand that the information provided is subject to verification by Salt Lake County as a consequence of this application for tax abatement. I/We hereby authorize Salt Lake County to inspect and/or receive confidential tax information in any office of the IRS or the Utah State Tax Commission. A copy of this signed application may be relied on as my consent to the inspection or receipt of such records.

Applicant _____ Date _____ Spouse _____ Date _____

Mail or deliver the completed form to:

Salt Lake County Treasurer | Tax Relief Department | PO BOX 144575 | Salt Lake City, UT 84114-4575