

2025 BLIND EXEMPTION APPLICATION



Sheila Srivastava, CPA
Salt Lake County Treasurer

Web: https://slco.to/treasurer
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Hours: M-F 8AM - 5PM
Address: 2001 S State St., #N1-200
 PO Box 144575
 SLC, UT 84114-4575

NOTE: A new application must be filed each year. The deadline to apply is September 2, 2025

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

TREASURER
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 (If property is held in a Trust, you must submit a copy of the Trust if you have not already)

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

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:**

1. No more than 20/200 visual acuity in the better eye when corrected; or
2. 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
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Mail or deliver the completed form to:

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