

# 2026 BLIND EXEMPTION APPLICATION



**Sheila Srivastava, CPA**  
Salt Lake County Treasurer

**Web:** <https://slco.to/treasurer>  
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**Address:** 2001 S State St., #N1-200  
 Salt Lake City UT 84190-0001

**Note:** A new application must be filed each year.  
 The deadline to apply is September 1, 2026

(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 2026 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, email, or deliver the completed form to:

Salt Lake County Treasurer | Tax Relief Department | 2001 S State Street #N1-200 | SLC, UT 84190-0001