



LYON COUNTY ASSESSOR'S OFFICE
27 SOUTH MAIN ST
YERINGTON, NV 89447
775-463-6520 or FAX 775-463-5305

Blind Person's Exemption Application

NAME: _____
MAILING ADDRESS: _____

CITY & STATE: _____
ZIP CODE: _____
PHONE NUMBER: _____

1. I established actual bona fide residency in the State of Nevada (must have a current Nevada Driver's License or a Nevada Identification Card), and a copy of the vision determination from a Medical professional. Visual acuity must not exceed 20/200 in the better eye when corrected, or your field of vision subtends an angle of 20 degrees or less.
2. I understand my application for exemption must be filed in the county in which I reside.
I presently reside at: _____
3. I have not claimed an exemption in any other county in Nevada for the current fiscal year.
4. I understand that I must immediately report any change of address to the Lyon County Assessor's Office.
5. The assessed valuation is adjusted for each fiscal year by adding to each amount the product of the amount multiplied by the percentage increase in the Consumer Price Index.
- I claim a **Blind Person's Exemption** exempting property in Lyon County from Taxation.
6. I request my exemption be applied as follows:
 - Motor Vehicle Governmental Service Tax Benefit: _____ for fiscal year _____.
 - Real Property tax roll, Parcel No. _____ for fiscal year _____.
 - Mobile Home tax roll, Acct. No. _____ for fiscal year _____.
 - Personal Property tax roll, Acct No. _____ for fiscal year _____.
8. I affirm and certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Subscribed and sworn before me (Assessor or Notary Public): _____

Date: _____

Voucher received: _____ Send voucher: _____