

**Town of Preston**  
**Assessor's Office**  
389 Route 2  
Preston, CT 06365  
860-887-5581 x115 ~ Fax 860-204-0021

**APPLICATION FOR BLIND EXEMPTION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Attached is my certification of legal blindness from the State of Connecticut, Board of Education and Services as defined in CGS §12-94. I understand that the exemption is for \$3,000 off the property assessment. Please place the exemption on:

Motor Vehicle: \_\_\_\_\_  
Year                      Make                      Model                      VIN

Real Estate at: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant or authorized agent

\_\_\_\_\_  
Signature of the Assessor

\_\_\_\_\_  
Date of Application