TAX EXEMPTION APPLICATION BLIND PERSONS FORM B-1 Revised 5/01

IMPORTANT Check all applicable boxes

TO: ASSESSOR, Town of Canterbury I hereby apply for the \$3000 tax exemption as provided for in the Connecticut General Statutes Sec.12-81 (17)			
SOCIAL SECURITY			
ADDRESS (No., Street, Town	or City)	(State, Zip code)	
Document(s) atta Proof of eligibility receive property to	y, in accordan	nce with applicable state reg	ulations (Sec. 12-92), to
	CEF	RTIFICATION	
I CERTIFY UNDER THE P REQUIREMENTS OF CON	NECTICUT	GENERAL STATUTES Se	
ENTITLED TO THE TAX I	EXEMPTION	PROVIDED FOR THERE	IN.
APPLICANT'S SIGNATURE			TE