



# PORTLAND MAINE

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## **Blind Exemption Property Tax Exemption Record Form**

**Assessor's Department  
City of Portland  
389 Congress Street, room 115  
Portland, Maine 04101**

Chart\_\_\_\_ Block\_\_\_\_ Lot\_\_\_\_

Name of Applicant: \_\_\_\_\_.

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

To the Assessors of Portland, Maine: As provided by Title 36, M.S.R.A Section 654, Sub-section 1E.  
I, \_\_\_\_\_ make application for tax exemption on property owned  
by me in the City of Portland, Maine on April 1<sup>st</sup>, year \_\_\_\_\_ as a Blind Person.

Is this your legal residence? Yes \_\_\_ No \_\_\_.

Do you own property in other Maine Jurisdictions? Yes \_\_\_ No \_\_\_.

Do you receive an exemption in other Maine jurisdictions? Yes \_\_\_ No \_\_\_.

Do you receive State of Maine aid as a blind person? Yes \_\_\_ No \_\_\_.

If yes, please submit a letter from Health & Welfare Department in support of your answer.

The answers to the above questions are correct to the best of my knowledge and belief.  
None of the property on which exemption is applied for has been conveyed to me for the  
purpose of obtaining exemption.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_