

**PHYSICIAN'S CERTIFICATE
BLIND EXEMPTION**

I hereby certify that _____ of

+

Applicant

Mailing Address

_____, of Williams County, is permanently and totally disabled.

This certificate is
City

filed in accordance with Section 57-02-08.1, NDCC, pertaining to property tax credit.

Signature

Date

Physician's

(Typed) Date of Disability

Physician's Name

Acuity

Field Diameter

Hospital/Clinic

NDCC 57-02-08. Property exempt from taxation. All property described in this section to the extent herein limited shall be exempt from taxation:

22. All or any part of fixtures, buildings, and improvements upon any nonfarmland up to a taxable valuation of five thousand dollars, owned and occupied as a home by a blind person. Residential homes owned by the spouse of a blind person, or jointly owned by a blind person and spouse, shall also be exempt within the limits of this subsection as long as the blind person resides in the home. For purposes of this subsection, a blind person shall be defined as one who is totally blind, has visual acuity of not more than 20/200 in the better eye with correction, or whose vision is limited in field so that the widest diameter subtends an angle no greater than twenty degrees. The exemption provided by this subsection extends to the entire building classified as residential, and owned and occupied as a residence by a person who qualifies for the exemption as long as the building contains no more than two apartments or rental units which are leased.

REV 12/95