

2025 BLIND EXEMPTION APPLICATION



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Salt Lake County Treasurer

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Address: 2001 S State St., #N1-200
 PO Box 144575
 SLC, UT 84114-4575

NOTE: A new application must be filed each year. The deadline to apply is September 2, 2025

(Office Use Only)

APPLICATION ID: _____

Received: _____

Entered: _____

Audited: _____

Screen Audit: _____

Code(s): _____

(Office Use Only)

1. APPLICANT

Last Name	First	Initial	Birth Date	SS#
Mailing Address			Resident Address	
City, State, Zip			Phone	Email
Spouse Name	Birth Date	Death Date (if deceased)		SS#

2. OWNERSHIP (If property is held in a Trust, you must submit a copy of the Trust if you have not already)

Real Property (residential) Parcel #: _____ **Mobile Home Account #:** _____

Motor Vehicles: Year _____ Make _____ Plate # _____

Year _____ Make _____ Plate # _____

NOTE: If requesting a refund or adding vehicles that are not on record, copies of registrations are required.

3. AFFIDAVIT

First time applicants must provide a statement signed by a licensed ophthalmologist (An updated signed statement is needed every 10 years) **verifying that the qualifying person has:**

1. No more than 20/200 visual acuity in the better eye when corrected; or
2. In the case of better than 20/200 central vision, a restriction of the field of vision in the better eye which subtends an angle of vision no greater than 20 degrees. (UCA 59-2-1106(3)).

I/We hereby certify the following: (Mark all which apply)

- I am a United States Citizen.
- I am a qualified alien as defined in 8 U.S.C., Sec.1641 and lawfully present in the United States.
 My Alien Registration Number is _____. My I-94 Number is _____.
(New applicants who are qualified aliens must provide copies of their immigration documents)
- I am ____ a blind person or ____ an unmarried surviving spouse or minor orphan of a deceased blind person.
- I have not applied for 2024 tax relief in any other county in Utah.

Certification

I/We hereby swear subject to penalties of perjury and other legal and civil penalties that the information provided herein is complete, true and correct. I/We agree and understand that the information provided is subject to verification by Salt Lake County as a consequence of this application for tax abatement. I/We hereby authorize Salt Lake County to inspect and/or receive confidential tax information in any office of the IRS or the Utah State Tax Commission. A copy of this signed application may be relied on as my consent to the inspection or receipt of such records.

 Applicant Date Spouse Date

Mail or deliver the completed form to:

Salt Lake County Treasurer | Tax Relief Department | PO BOX 144575 | Salt Lake City, UT 84114-4575