

To be filed with **CITY ASSESSOR, P.O. BOX 5200, GRAND FORKS, ND 58206-5200**

**AFFIDAVIT FOR TAX EXEMPTION FOR BLIND PERSONS**

State of North Dakota  
County of Grand Forks

Real Estate Desc. No. \_\_\_\_\_  
Applicant's Phone No. \_\_\_\_\_

I, \_\_\_\_\_, do hereby certify that I reside at \_\_\_\_\_  
\_\_\_\_\_ in the City of Grand Forks and that I own and personally use the  
following described property \_\_\_\_\_

And that this affidavit is made for the purpose of obtaining a real estate property tax  
exemption that is granted to blind persons under Section 57-02-08, NDCC

**\* \* \* PHYSICIAN'S CERTIFICATE \* \* \***

I do hereby certify that on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_; I personally  
examined the above named person's eyesight and found that said person (check one of the  
following):

\_\_\_\_\_ is totally blind in both eyes.

\_\_\_\_\_ has a visual acuity of not more than 20/200 in the  
better eye with correction.

\_\_\_\_\_ vision is limited in field so that the widest diameter  
subtends an angle no greater than 20 degrees.

**Was the above named person blind as of February 1 of the current calendar year?**

Yes:  No:

I further understand that this certificate is made for the purpose of obtaining a property tax  
exemption for the above named person who is provided for under Section 57-02-08,  
Subsection 22, NDCC.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
State & Zip Code

\_\_\_\_\_  
Phone Number