



# 2024 Blind Person or a Surviving Spouse Tax Exemption Application

UCA §59-2-1106 Annotated 1953

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Davis County Auditor  
P.O. Box 618  
Farmington Utah 84025  
Telephone: (801) 451-3331

**The deadline for filing this application with Davis County is September 1**

Last Name	First Name	Middle Initial	Birth Date	Social Security Number
Spouse's Last Name	Spouse's First Name	Middle Initial	Birth Date	Social Security Number
Address	City	State	ZIP Code	Phone Number
Email	Emergency Contact's Name	Relation	Phone Number / Secondary Number	
Property Serial Number	Tax District	Acres	Date of Purchase	Qualified Year
Mobile Home Year	Mobile Home Make	County Mobile Home Account #		

I am a blind person and / or a surviving spouse of a blind person. As an applicant applying for the first time, I will attach to this application a statement signed by a licensed ophthalmologist verifying that applicant has no more than 20/200 visual acuity in the better eye when corrected or has, in the case of 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.

- Yes  No Is the residential property identified above my "primary residence," as defined by applicable Utah law?
- Yes  No Is the residential property identified above assessed in the name of anyone other than the undersigned applicant because of trust?  
If yes, please enclosure a copy of the applicable documentation with this application.
- Yes  No Have you applied for the blind tax exemption for the 2024 tax year in another county?  
If yes, please identify which county? \_\_\_\_\_

**Failure to timely provide the documentation required above will result in a denial of this application.**

If filing as a Surviving Spouse for the first time, please submit a copy of the Death Certificate. For questions regarding the Blind Tax Exemption contact the Davis County Tax Administration office at (801-451-3331)

**Under penalties of perjury, the undersigned applicant declares to the best of his/her knowledge and understanding that the information in, and enclosed with, this application is true, correct and complete.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

(For Davis County Use Only)

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date Received