

First Name _____

Last Name _____

Address _____

Parcel Number _____ Phone number _____

Email _____

I am requesting the Special Senior Property Tax Exemption

I affirm I met the following:

- Must be 65 or Older.
- Must be your primary Residence.
- Property must be assessed in the taxpayer's name for a period of 5 years. immediately preceding the year they are claiming.

Date to make claim will be extended until April 30th.

This exemption must be claimed in person in the TAX ASSESSORS' OFFICE

I hereby affirm that the information submitted on this form is true and correct to the best of my knowledge and that any fraudulent statement is subject to a penalty for perjury and shall be ordered to pay twice the amount of any ad valorem taxes which would have been due retroactive for a period of 10 years plus interest.

Signature _____
