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| --- | --- | --- | --- | --- | --- |
| 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. | | | | |
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|  |  | | | | |
|  | Signature | |  | | |
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