



**TOWN OF CUMBERLAND**

**Tax Assessor**

**Town of Cumberland  
Application for Blind Exemption  
Rhode Island Law 44-3-12**

**Name of Taxpayer:** \_\_\_\_\_

**Other Owners:** \_\_\_\_\_

**Address of Real Estate:** \_\_\_\_\_

**Plat:** \_\_\_\_\_ **Lot:** \_\_\_\_\_

**Applicant's DOB:** \_\_\_\_\_

**Telephone Number(s) you can be reached at:** \_\_\_\_\_

**Taxpayers Signature:** \_\_\_\_\_

**Subscribed and sworn in Cumberland, RI this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_**

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Commission expires**

**Applicant must also submit an approval letter from the State of Rhode Island:**

State of Rhode Island and Providence Plantations  
Department of Human Services  
Office of Rehabilitation Services  
Services for the Blind & Visually Impaired  
40 Fountain Street  
Providence, RI 02903  
401-222-2300