

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Parcel Number \_\_\_\_\_ Phone number \_\_\_\_\_

Email \_\_\_\_\_

1. Were you the owner of this property as of October 1<sup>st</sup>? Yes  No

2. Your date of birth \_\_\_\_\_ Spouse date of Birth \_\_\_\_\_

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.

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.
- Must be assessed in the taxpayer's name for a period of 5 consecutive years.

Signature \_\_\_\_\_