



**TOWN OF WESTBROOK  
ASSESSOR'S OFFICE  
860-399-3016  
FAX 860-399-3098**

**TO: WESTBROOK ASSESSOR**

**RE: APPLICATION FOR EXEMPTION DUE TO BLINDNESS  
TO BE FILED BEFORE 10/1 FOR BENEFIT ON THE  
FOLLOWING GRAND LIST YEAR**

CT STATE STATUTES (SEC 12-92) DEFINES BLINDNESS FOR  
EXEMPTION PURPOSES AS FOLLOWS:

"TO MEAN TOTAL AND PERMANENT LOSS OF SIGHT IN BOTH EYES OR  
REDUCTION IN VISION SO THAT THE CENTRAL VISUAL ACUITY DOES  
NOT EXCEED 20/200 IN THE BETTER EYE WITH CORRECTING LENSES,  
OR, IF VISUAL ACUITY IS GREATER THE 20/200, IT IS ACCOMPANIED  
BY A LIMITATION IN THE FIELDS OF VISION SUCH THAT THE WIDEST  
DIAMETER OF THE VISUAL FIELD SUBTENDS AN ANGLE NO GREATER  
THAN TWENTY DEGREES."

**THIS IS TO CERTIFY THAT**

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**(NAME OF PATIENT)**

HAS BEEN EXAMINED BY ME AND IN MY OPINION HIS/HER SIGHT  
DEFICIENCY DOES FALL WITHIN THE ABOVE DESCRIBED  
DESCRIPTION OF BLINDNESS.

FURTHER, THIS CONDITION HAS EXISTED SINCE \_\_\_\_\_  
**(YEAR)**

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**(DATED)**

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**(SIGNATURE OF DOCTOR)**