



FISCAL YEAR 2024
(July 1, 2023 – June 30, 2024)
General Laws Ch. 59, § 5
Blind Clause 37A

BOARD OF ASSESSORS
City of Brockton
City Hall
Brockton, MA 02301
508-580-7194

Name: _____

Address: _____

Phone #: _____

Parcel Id: _____

Property upon which exemption is claimed:

Telephone: _____ Date of Birth: ____/____/____ Marital Status: _____

Please correct any pre-printed or missing information.

Were you legally blind on July 1, 2023? Yes No

Are you presently registered with the Massachusetts Commission for the Blind?
 Yes No

Did you own and occupy this property as your principal residence as of July 1, 2023?
 Yes No

Is the property subject to a trust as of July 1, 2023? Yes No

If Yes, provide a copy of the "Schedule of Beneficiaries" from the trust documents.

I have read this return. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, the return is correct and complete.

Please enclose with this application a copy of your Certificate of Blindness issued by the Commission for the Blind for calendar year 2024. The date of issue must be July 1, 2023 or after.

Signature

Date

Mail this application to:

Board of Assessors, City of Brockton, City Hall, Brockton MA 02301

Office Use Only

Year	Abate#	Bill#	Tax Amt \$	Amt Abated	Ownership	Occupancy
2024						