

or a Notary Public in order to be legal.

STOREY COUNTY COURTHOUSE 26 South B Street P.O. Box 494 Virginia City, NV 89440

ASSESSOR OR NOTARY PUBLIC

## **VETERAN or DISABLED VETERAN**

(775) 847-0961 Phone (775) 847-0904 Fax

## **Application for Personal Exemption**

	NAME OF APPLICANT:		
	NAME OF SPOUSE:		
	MAILING ADDRESS:		
	CITY, STATE & ZIP:		
	PHONE NUMBER:		
1.			ide residency in the State of Nevada (must have current Nevada Driver's
_	License or a Nevada Ide		
2.	I understand my applica	tic	on for exemption must be filed in the County in which I reside.
	I presently reside at:		
3.		er	nption in any other County in Nevada for the current fiscal year.
4.			
5.	I entered active duty of	th	e United States on
	and I was honorably dis	-h-	prod on
	and I was honorably disc		provide a copy of your DD214 or active duty papers.
6.			ption under provisions of NRS 361.090.
0.			
			eteran Exemption under to provisions of NRS 361.091 to the extent of nnected Disability shown below:
	□ 60-79%		□ 80-99% □ 100%
7	I request my exemption		py of the documentation of disability provided to you by the V.A.
/.			mental Service Tax Benefit
	□ Motor vernicle dove	1111	Hental Service Tax Benefit
	☐ Real Property Tax Ro	ıll,	Parcel No.
	☐ Mobile Home/Perso	na	l Property Tax Roll, Account No.
8.	I affirm and certify unde	rp	penalty of perjury that the above information is true and correct to the
	best of my knowledge.	-	
	Signed:		Date:
	Only original s	igi	natures will be accepted, no copies or faxes.
DIA	ease note that this documen	t n	oust he
	ned in front of the County A		