Davis County Controller
61 South Main Street
P.O. Box 618 – Room
101 Farmington, UT
84025

Davis County Board of Equalization
REQUEST FOR CONSIDERATION OF
LATE ABATEMENT/EXEMPTION APPLICATION

Applicant Name (Print or Type)	
Mailing Address	City, State, Zip
Daytime Telephone No.	Email Address
Property Serial Number	Abatement Program

Choose your circumstance(s):

☐ **Medical Emergency**

Describe the nature of the medical emergency and the relationship of the individual with the emergency to the property owner(s):

_____
_____
_____
_____

Identify the length of the medical emergency: _____/_____/_____ to _____/_____/_____
DD MM YY DD MM YY

Did this medical emergency require hospitalization? Yes ☐ No ☐

Identify the length of hospitalization: _____/_____/_____ to _____/_____/_____
DD MM YY DD MM YY

☐ **Death of owner or immediate family member**

Name of decedent and relationship to owners(s) (if applicable): _____

Identify the date of death: _____/_____/_____
DD MM YY

☐ **Extraordinary and unanticipated circumstances** (submit copies of documentation to verify)

Describe the nature of the extraordinary and unanticipated circumstance:

_____
_____
_____
_____

Identify the length of the extraordinary and unanticipated circumstance: _____/_____/_____
DD MM YY

I certify, as per UT Code 78B-18a, that all statements herein and/or attachments are true, correct and complete.

_____ _____
Signature Date

Davis County Controller
P.O. Box 618
Farmington Utah 84025
Telephone: (801) 451-3331

2026 Blind Person or a Surviving Spouse Tax Exemption Application

UCA §59-2-1106 Annotated 1953

The deadline for filing this application with Davis County is September 1

Last Name	First Name	Middle Initial	Birth Date	Social Security Number
Spouse's Last Name	Spouse's First Name	Middle Initial	Birth Date	Social Security Number
Address	City	State	ZIP Code	Phone Number
Email	Emergency Contact's Name	Relation	Phone Number / Secondary Number	
Property Serial Number	Tax District	Acres	Date of Purchase	Qualified Year
Mobile Home Year	Mobile Home Make	County Mobile Home Account #		

I am a blind person and / or a surviving spouse of a blind person. As an applicant applying for the first time, I will attach to this application a statement signed by a licensed ophthalmologist verifying that applicant has no more than 20/200 visual acuity in the better eye when corrected or has, in the case of 20/200 central vision, a restriction of the field of vision in the better eye which subtends an angle of vision no greater than 20 degrees.

☐ Yes ☐ No Is the residential property identified above my "primary residence," as defined by applicable Utah law?

☐ Yes ☐ No Is the residential property identified above assessed in the name of anyone other than the undersigned applicant because of trust?
If yes, please enclosure a copy of the applicable documentation with this application.

☐ Yes ☐ No Have you applied for the blind tax exemption for the 2026 tax year in another county?
If yes, please identify which county? _____

Failure to timely provide the documentation required above will result in a denial of this application.

If filing as a Surviving Spouse for the first time, please submit a copy of the Death Certificate. For questions regarding the Blind Tax Exemption contact the Davis County Tax Administration office at (801-451-3331)

Under penalties of perjury, the undersigned applicant declares to the best of his/her knowledge and understanding that the information in, and enclosed with, this application is true, correct and complete.

_____ _____
Applicant's Signature Date

(For Davis County Use Only)

_____ _____
Received By Date Received