



Town of East Greenwich

OFFICE OF THE ASSESSOR

125 Main Street
East Greenwich, RI 02818
Clerk (401) 886-8601
Assessor (401) 886-8614

APPLICATION FOR VETERANS/WIDOW OF VETERAN/100% DISABLED VETERAN EXEMPTION

Date: _____

Name: _____ Phone: _____

If applying for Widow of Veteran Exemption, Veteran's Name: _____

Birth Date: _____ Driver's License Number: _____

Residence Address: _____

Are you a permanent resident of East Greenwich? Yes _____ No _____

Date of Induction: _____ Date of Discharge: _____

Branch of Service: _____ Service #: _____

Are you are totally disabled through service connected disability? Yes _____ No _____

Do you receive exemptions on any other properties outside of East Greenwich? Yes _____ No _____

If yes, provide address: _____

Exemption to be applied to (choose only one):

Real Estate Account #/Address: _____

Motor Vehicle Account #: _____

TO BE SUBMITTED WITH APPLICATION:

For Veteran Exemption only: DD214 Separation form or Discharge

For Widow of Veteran: Copy of death certificate with DD214 or Discharge

For 100% Disabled Veteran: Award letter from Veterans' Administration showing 100% disablement plus DD214 or Discharge Papers

I do not have this type of exemption in any other Town, City, or State. I do hereby swear or affirm under penalty of perjury, that the above information is true, correct and complete to the best of my knowledge and belief.

Signature

Notary Public

Commission Expires: _____

FOR ASSESSOR USE ONLY

Approved for Tax Year _____

Entered in MUNIS _____

Applications must be received/postmarked by March 15th to receive this exemption on the upcoming tax roll