



**TOWN OF SOUTH KINGSTOWN
TAX ASSESSOR'S DEPARTMENT
180 HIGH STREET
WAKEFIELD, RHODE ISLAND 02879**

APPLICATION FOR VETERAN'S EXEMPTION

NAME: _____

CONTACT PHONE NUMBER: _____

MAILING ADDRESS: _____

PRESENT RESIDENCE IN TOWN/CITY OF: _____

BRANCH OF SERVICE: _____

DATE OF ENLISTMENT OR INDUCTION DATE OF DISCHARGE: _____

IS YOUR DISCHARGE RECORDED? BOOK PAGE OF RECORDED DISCHARGE: _____

ARE YOU RECEIVING A VETERAN'S EXEMPTION IN ANY OTHER TOWN/CITY? _____

IF YES, WHAT TOWN/CITY? _____

LOCATION OF REAL ESTATE: _____

IF YOU ARE A REGISTERED VOTER, PLEASE STATE WHAT TOWN/CITY: _____

DATE

APPLICANT'S SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20__.

NOTARY PUBLIC