

**TOWN OF SOUTH KINGSTOWN, RHODE ISLAND
DEPARTMENT OF ASSESSMENT**

APPLICATION FOR VETERAN'S EXEMPTION

1. NAME _____
2. MAILING ADDRESS _____
3. PRESENT RESIDENCE IN TOWN/CITY OF _____
4. BRANCH OF SERVICE _____ SERIAL NUMBER _____
5. DATE OF ENLISTMENT OR INDUCTION _____ DATE OF DISCHARGE _____
6. IS YOUR DISCHARGE RECORDED? BOOK _____ PAGE _____ OF RECORDED DISCHARGE.
7. ARE YOU RECEIVING A VETERAN'S EXEMPTION IN ANY OTHER TOWN/CITY? _____
8. IF YES, WHAT TOWN/CITY? _____
9. LOCATION OF REAL ESTATE _____
10. ARE YOU A REGISTERED VOTER? _____ WHAT TOWN/CITY _____

DATE _____

APPLICANT'S SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 2012.

NOTARY PUBLIC