



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: _____

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

STATE OF _____ COUNTY OF _____

ON THIS _____ DAY OF _____, 20____, BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, PERSONALLY APPEARED _____

AND PROVED TO ME, THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION, TO BE THE PERSON WHOSE NAME IS SIGNED ON THE ATTACHED DOCUMENT, AND WHO ACKNOWLEDGED THAT THEY SIGNED THE DOCUMENT VOLUNTARILY FOR ITS STATED PURPOSE.

NOTARY PUBLIC

ID#

COMMISSION EXPIRES

FORM CAN BE EMAILED TO: JCLOUGH@SOUTHKINGSTOWNRI.GOV