



FOR OFFICE USE ONLY	
REAL ESTATE:	MOTOR VEHICLE:

Plat: _____ Lot: _____ Unit: _____ Motor Vehicle Acct #: _____

**APPLICATION FOR VETERANS EXEMPTION
&
SERVICE CONNECTED DISABLE**

Applicants must file by March 15th. Forms are available at the Providence City Assessors Office and www.providenceri.gov . Please submit your DD214 along with this application . All exemptions will terminate upon conveyance of the property, death of the person exempted or moving of said person from the property.

Section One:

Applicant: _____ Date of Birth: _____

Spouse: _____ Date of Birth: _____

Phone Number: _____ E-Mail: _____

Address: _____

Providence, Rhode Island _____
Zip Code

Section Two:

Date of Entry: _____ Date of Discharge _____

Conflict of War: _____

Section Three:

Document Submitted as Proof of Age: (Please Check One)

- VA Award letter
 Driver's License
 Birth Certificate
 RI ID
 Passport

THE UNDERSIGNED DOES HEREBY SWEAR THAT THE ABOVE INFORMATION IS TRUE AND CORRECTED TO THE BEST OF HIS OR HER KNOWLEDGE.

APPLICANT SIGNATURE

DATE

Tax Assessors Office
25 Dorrance Street, RM 208
Providence, RI 02903
Tel: 401-680-5229