



FOR OFFICE USE ONLY	
REAL ESTATE:	MOTOR VEHICLE:

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

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

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