



Plat: ____ Lot: ____ Unit: ____

APPLICATION FOR SERVICE CONNECTED DISABILITY

Applicants must file by **March 15th**. Forms are available at the Providence City Assessors Office and www.providenceri.gov. **Please submit your 100% disability VA award letter and 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)

Driver's License RI State ID Providence Municipal ID

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