



TAX ASSESSOR
 KERRI A. PETRARCA
 PHONE (401) 294-5734
 FAX (401) 267-1029

Soldiers & Sailors Civil Relief Act Application

Name: (Print) _____
(Last) (First) (Middle)

In accordance with the provisions of the Soldiers & Sailors Civil Services Relief Act, I hereby apply for exemption from taxation on my tangible personal property or motor vehicle,

Reg _____ Make _____ Model _____ Year _____

Reg _____ Make _____ Model _____ Year _____

My present temporary address is _____

My permanent legal address is _____

I am registered to vote in _____

My Present Armed Services address is _____

SIGNATURE _____

Subscribed and sworn to before me _____ 20_____

I hereby certify that the above named person is currently on active duty in the in the Armed Forces of the United States and his/her records confirm the above information.

Title & Rank