



TAX ASSESSOR
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**Application for Veterans Exemption
 Exeter, Rhode Island**

Date _____

Name _____ Spouse's Name _____

Residence Address _____

City/Town _____ State _____ Zip Code _____

Previous Address _____

City/Town _____ State _____ Zip Code _____

Branch of Service _____ Serial Number _____

Date of Entry _____ Date of Discharge _____

Are you a legal resident of The State of Rhode Island? _____

Are you registered to vote in Rhode Island? _____ Where? _____

Have you applied for a Veteran's Exemption in other Town, City, or State? _____

If So, Where? _____

Do you own property in any other Town, City or State? _____

If yes, Provide Address: _____

Birth Date _____ License Number _____

Exemption to be applied to:

Real Estate _____ Address _____ Parcel _____

Motor Vehicle _____ Registration number _____

I, _____, Do hereby swear or affirm that the above information is true to the best of my knowledge and belief.

Signed _____

Subscribed and sworn before me this _____ day of _____ 20 _____

Witness _____