City of East Providence

DEPARTMENT OF FINANCE / ASSESSMENT DIVISION
CITY HALL
145 TAUNTON AVENUE
EAST PROVIDENCE, RHODE ISLAND 02914-4505

APPLICATION FOR VETERAN'S EXEMPTION (MUST INCLUDE DD-214)

Date: _____ Phone #: _____

Applicant's Name: _____ Spouses Name: _____

Legal Address: _____ Legal Address: _____

Previous Address: _____ Previous Address: _____

Date of Birth: _____ Date of Birth: _____

RI Driver's License #: _____ RI Driver's License #: _____

Are you a registered voter in East Providence?
Yes _____ No _____

Are you a registered voter in East Providence?
Yes _____ No _____

Do you own **any** other real estate, either in or out of RI?
Yes _____ No _____

Do you own **any** other real estate, either in or out of RI?
Yes _____ No _____

If yes, where: _____

Branch of Service: _____

Date of Entry: _____

Date of Discharge: _____

Name of Vet (if deceased): _____ Proof of Death: _____

_____
Applicant's Signature

_____
Date

_____
Spouses Signature (if applicable)

_____
Date

This form must be returned to the Assessor's Office on (or before) December 31st.

FOR OFFICE USE ONLY

RE _____ MV _____ Map _____ Block _____ Parcel _____

RE Account Number: _____ MV Account Number: _____

50% preconsumer content 10% postconsumer content

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FAX (401) 435-1915
TDD (401) 431-1633