

FRANK J. PICOZZI
MAYOR



NEAL DUPUIS
TAX ASSESSOR

City of Warwick

FINANCE DEPARTMENT
OFFICE OF THE ASSESSOR
401-738-2005

SENIOR EXEMPTION APPLICATION

Date: _____

Name: _____ Phone: _____

Birth Date: _____ Driver's License Number: _____

Single: _____ Married: _____ Name of Spouse: _____

Residence address: _____ Zip Code: _____

Property Type: Single Family: _____ Two Family: _____ Condo: _____ Other: _____

Are you a permanent resident of Warwick? Yes _____ No _____

Do you own property in any other Town, City, or State? Yes _____ No _____

If yes, provide address: _____

If yes, do you receive any exemptions on said property? Yes _____ No _____

Exemption to be applied to:

Real Estate: _____ Parcel ID: _____

Please attach a copy of your license or State Issued photo ID

I do not have this type of exemption in any other Town, City, or State. I do hereby swear or affirm under penalty of perjury, that the above information is true, correct and complete to the best of my knowledge and belief.

Signature

Notary Public or Assessor Staff

FOR ASSESSOR USE ONLY

Abatement form _____

Entered in MUNIS _____

Entered in Database _____

Assessor's Office is now located at
Physical Location: 65 Centerville Road - Mailing Address: 3275 Post Road, Warwick RI 02886