



CHRISTOPHER CELESTE
TAX ASSESSOR

City of Warwick

FINANCE DEPARTMENT
OFFICE OF THE ASSESSOR

CITY HALL ANNEX
3275 POST ROAD
WARWICK, RI 02886
401-738-2000
TDD 739-9150

APPLICATION FOR PROPERTY TAX EXEMPTION

Please complete this application for each parcel owned by the organization. Please print or type the information requested below. If additional space is needed, use an extra sheet of paper and number each item to correspond with the number in question. A copy of this application is available in the City Assessor's Office in the Warwick City Hall Annex Building.

1. Name of owner: _____
2. Property address: _____
3. Mailing address (if different from property address) _____
4. Parcel Identification: PLAT _____ LOT _____ UNIT _____
(Please fill out a separate form for each parcel)
5. Type of organization (religious, fraternal, veteran's, educational, library, etc.)
(501(c) is an IRS designation and does not apply to local property tax)

6. Under what section of statutes or public laws or local ordinance are you claiming exemption from taxation?

7. Are the facilities, or any portion thereof, leased, rented, or used by persons or organizations other than the applicant hereof? YES ___ NO ___ (if the answer is YES, explain in detail on a separate sheet of paper and list each person and or organization leasing the property).
8. What are the sources of income of the applicant? (membership dues, donations, sale of goods, rental income, etc.) _____
9. How are these monies expended? (please attach an itemized expense statement detailing how all income is expended)

10. Is there any type of commercial establishment or operation located on the premises?
YES ___ NO ___ (if the answer is YES, describe the establishment or operation in detail on a separate sheet of paper)

11. Is a city or state license or permit required for any function or operation held or located on the premises? YES ___ NO ___ (if the answer is YES, explain in detail on a separate sheet of paper what licenses or permits are required for said functions)

12. When was the organization chartered? _____
(month) (day) (year)

13. Name and address of parent organization (if different from #1 or #2)

I, the undersigned, holding the office of _____ in the above organization, do hereby swear or affirm that the answers to the above questions are true to the best of my knowledge and belief.

Signed _____

(Please print name) _____

Subscribed and sworn before me on this the _____ day of _____, _____
(date) (month) (year)

Notary public _____

Expiration date _____ Seal here _____

Note: A certified copy of the organization's charter, or a certified copy of the special act of the legislature, or a copy of the city ordinance or resolution (if any exists) and a copy of the organization's constitution and by-laws (with the latest amendments thereto) must be submitted with this application.

Rhode Island case law has established the doctrine that laws exempting properties from taxation are to be strictly construed, and exemptions cannot be read into the statutes. The organization applying for this permit should not presume the grant of an exemption, and any doubt or ambiguity must be resolved in favor of taxation. The burden of proof is upon the organization requesting said exemption to show that they are within the terms of the statute.