



CHRISTOPHER CELESTE
TAX ASSESSOR

City of Warwick

FINANCE DEPARTMENT
OFFICE OF THE ASSESSOR

CITY HALL ANNEX
3275 POST ROAD
WARWICK, RI 02886
401-738-2005

APPLICATION FOR BLIND EXEMPTION

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 are totally disabled through service connected disability? Yes _____ No _____

If yes, please attach a copy of your award letter from the Veterans Administration

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: _____

Motor Vehicle: _____ Registration(s): _____

Please attach a copy of your license or State Issued photo ID and a copy of the "Ophthalmological Consultation Report Form" from RI Services for the Blind & Visually Impaired

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 Witness

FOR ASSESSOR USE ONLY	
Abatement form	_____
Entered in MUNIS	_____
Entered in Database	_____