



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 SENIOR EXEMPTION

Date: _____ CID #: _____ (internal use only)

Name: _____ Phone: _____

Birth Date: _____ Driver's License Number: _____

Single: _____ Married: _____ Name of Spouse: _____

Residence address: _____ Zip Code: _____

Title in: _____

When did you acquire the above property? _____

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

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

Do you reside at the above address 12 months of the year? Yes _____ No _____

If not, explain: _____

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): _____

I do not have this type of exemption in any other Town, City, or State. I do hereby swear or affirm 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 _____