City of Warwick

FINANCE DEPARTMENT
OFFICE OF THE ASSESSOR

CHRISTOPHER CELESTE
TAX ASSESSOR

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

APPLICATION FOR VETERAN 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): _____

<u>Please attach a copy of your license or State Issued photo ID and your DD-214</u>

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 Witness

FOR ASSESSOR USE ONLY

Abatement form _____
Entered in MUNIS _____
Entered in Database_____