



TOWN OF WEST GREENWICH
TAX ASSESSOR'S OFFICE
280 Victory Highway
West Greenwich, RI 02817
(401) 392-3800 x 104 Fax (401) 392-3805

CONTRACTOR/DEVELOPER EXEMPTION AFFIDAVIT FORM FY 2024 Tax Roll

Must be filed by December 31 each year exemption is claimed.

Exemption is limited to a maximum of two (2) years.

In order to receive this exemption in the Town of West Greenwich, you are required to submit proof of your eligibility. This exemption form is provided to you in accordance R.I.G.L.44-5-12.6 entitled "Levy and Assessment of Local Taxes"

I hereby make application for a contractor/developer exemption and upon oath do make affidavit and swear to the truth of the following under the penalty of perjury:

1. Date of Application _____
2. Name of contractor/developer seeking exemption _____
3. DBA _____
4. Daytime Telephone # _____ Email _____
5. Mailing Address: _____
6. Copy of valid **Contractor Registration** and **Listing Agreement** indicating property is on the market for sale must accompany this form.
7. Where this property is actively advertised _____
8. MLS# _____
9. Location of Property where exemption is sought: Plat _____ Lot _____
10. Recorded in Glocester Land Evidence Book _____ Page _____ Recording Date _____
11. Date property acquired _____
12. Check one: ☐ Single Family Residential ☐ Residential Condominium
13. Recorded Lot # _____ Recorded Map # _____
14. Building Permit # _____ Copy of **Building Permit** must accompany this form.

The information provided on this petition is truthful. If any of the above information changes, I agree to notify the Tax Assessor of the Town of West Greenwich as soon as possible and understand that any changes may adversely affect my continued eligibility for this exemption.

This form must be filed with the Tax Assessor before December 31st of the year in which exemption is sought. Current listing agreement must be renewed every six (6) months. Failure to submit information requested by December 31st will result in the removal of this exemption. Exemption is limited to two (2) years from initial application and must be renewed annually. It is encumbered upon you to comply with the requirements set forth herein.

Mail or return to: Charlene Randall, Tax Assessor
 Town of West Greenwich
 280 Victory Highway
 West Greenwich, RI 02817

_____	_____	_____
Signature of Applicant	Tax Assessor	Date

Subscribed and sworn to before me this _____ day of _____ 20____
(Seal)

Notary Public
Commission Expires: _____

Additional Documentation Required:

- ☐ Contractor Registration
- ☐ Listing Agreement
- ☐ Building Permit