

VETERAN'S EXEMPTION APPLICATION (MUST INCLUDE DD-214)



TOWN OF WEST GREENWICH
280 VICTORY HIGHWAY
WEST GREENWICH, RI 02817
Phone: (401) 392-3800 Fax: (401) 392-3805

Date: _____

Applicant's Name: _____

Spouses Name: _____

Legal Address: _____

Legal Address: _____

Previous Address: _____

Previous Address: _____

Date of Birth: _____

Date of Birth: _____

RI Driver's License #: _____

RI Driver's License #: _____

Are you a registered voter in West Greenwich?

Are you registered voter in West Greenwich?

Yes _____ No _____

Yes _____ No _____

Do you own **any** other real estate, in or out of RI?

Do you own **any** other real estate, in or out of RI?

Yes _____ No _____

Yes _____ No _____

If yes, where: _____

Branch of Service: _____

Date of Entry: _____

Date of Discharge: _____

Name of Vet (if deceased): _____

Proof of Death: _____

Applicant's Signature _____

Date _____

Spouses Signature (if applicable) _____

Date _____

This form must be returned to the Assessor's Office on (or before) March 15th.

NOTARY PUBLIC
STATE OF RHODE ISLAND

County of: _____

State of: _____

Subscribed and sworn to before me at (time) _____ this the _____ day of _____ 20 _____

My Commission expires: _____

Signature of Notary

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED

FOR ASSESSOR'S USE ONLY

RE: _____ MV: _____ PLAT: _____ LOT: _____

RE Account Number: _____ - _____ - _____ MV Account Number: _____ - _____ - _____

DD-214 Meets Qualification Approved Denied

Signature: _____ Date: _____