



TOWN OF NARRAGANSETT

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Tel. (401)-782-0616 TDD (401)-782-0610 Fax (401)-788-2555

FINANCE DEPARTMENT

Office of the Tax Assessor

APPLICATION FOR A SENIOR EXEMPTION FOR RESIDENTS 65 OR MORE YEARS OF AGE

Form must be filed by March 15th

Application for exemption of Real Estate tax payments under Chapter 419 of the Public Laws of 1982, passed at January Session of General Assembly A.D. 1982, and Chapter 472 of the Ordinance of the Town of Narragansett passed in Town Council Meeting June 7, 1982.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Proof of Age: \_\_\_\_\_

\*copy of Drivers License/ or State issued ID required.

Residence Address: \_\_\_\_\_

Years: \_\_\_\_\_

Location of Property:

Assessor's Plat: \_\_\_\_\_

Lot No.: \_\_\_\_\_

Unit No.: \_\_\_\_\_

Date Property Acquired: \_\_\_\_\_

L.E.R. Book \_\_\_\_\_

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\*Must have owned for a minimum of 5 years and be a legal resident of Narragansett. \* refer to Sec. 70-67 of the town ordinance.

Previous Address: \_\_\_\_\_

Years: \_\_\_\_\_

Property on which exemption is requested is owned:

(a) Solely by me \_\_\_\_\_

(b) Jointly with \_\_\_\_\_ Relation \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby swear under penalty of perjury that I actually reside at the address for which exemption is requested and own and live at this address on a permanent basis, and that the dwelling is used exclusively by me (us). It is further understood that where any exemption is granted on the basis of incorrect information furnished by the applicant, the exemption shall be rescinded and the applicant shall be liable for the full tax plus interest retroactive to the date on which the taxes were due. The applicant will also be liable for any criminal penalties which may be applicable for the furnishing of false information.

I swear that all the foregoing information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

-----For Office Use Only-----

VR\_\_\_\_ MV\_\_\_\_ Vision \_\_\_\_ Opal \_\_\_\_ Date Entered \_\_\_\_\_

Approved by: \_\_\_\_\_