



TOWN OF NARRAGANSETT

Town Hall • 25 Fifth Avenue • Narragansett, RI 02882-3699
Tel. (401)-782-0616 TDD (401)-782-0610 Fax (401)-788-2555

FINANCE DEPARTMENT

Office of the Tax Assessor

VETERAN'S EXEMPTION
Form must be filed by March 15th

Date: _____

Name: _____

Address: _____ Spouse: _____

Previous Address: _____

City/Town Previously Claimed: _____

Legal Resident of: _____

Branch of Service: _____ Service No.: _____

Date of Entry: _____ Date of Discharge: _____

Proof: _____

* Name of Veteran (if deceased): _____
*Copy of death certificate is required.

* Gold Star Parent: _____
*Copy of death certificate is required.

Plat: _____ Lot: _____

Auto: _____

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

Signature: _____ Date: _____

A Copy of your Discharge (DD 214) must accompany this form.

_____ For Office Use Only _____

VR _____ MV _____ Vision _____ Opal _____ Date Entered _____

Approved by: _____