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


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 ___________ Page ___________

*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where any exemption is granted on the basis of incorrect information furnished by the applicant, the exemption shall be rescinded and the applicant shall be liable for the full tax plus interest retroactive to the date on which the taxes were due.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: __________________________________________________________________