



**TOWN OF NARRAGANSETT**

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FINANCE DEPARTMENT

**Office of the Tax Assessor**

**SOLDIER/SAILOR EXEMPTION**

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

Name: \_\_\_\_\_ Service No. \_\_\_\_\_

Address: \_\_\_\_\_ Spouse: \_\_\_\_\_

*For the purpose of obtaining the benefits of the exemption provided for in Section 514 of the Soldiers' and the Sailors' Civil Relief Act of 1940, as amended and as extended by the Selective Service Act of 1948, I, the undersigned applicant, hereby state under the penalty of perjury:*

1. That I am a temporary resident of the State of Rhode Island.
2. That I am a legal resident of the State of \_\_\_\_\_.
3. That I have not registered to vote nor claimed a Veterans' Exemption in any community in the State of Rhode Island.
4. That I am now serving in the U.S. \_\_\_\_\_, and have served continuously from \_\_\_\_\_ to the present date.
5. That application for exemption is made on my personal property (including motor vehicles) located at or formerly located at \_\_\_\_\_, Narragansett, Rhode Island.
6. That none of the personal property described in Paragraph 5, is used in or arises from, a trade or business.
7. That I understand this exemption also applies to my spouse.

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

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_, Notary Public

Approved by: \_\_\_\_\_, Assessor