

**TOWN OF EAST GREENWICH
APPLICATION FOR VETERAN, WIDOW OF VETERAN, 100% DISABLED
EXEMPTION**

EXEMPTION APPLIED FOR: _____ **DATE FILED:** _____
VETERAN: _____ **PHONE #** _____
WIDOW OF: _____ **DOB** _____
100% DIS: _____

NAME OF VETERAN: _____

NAME OF WIDOW: _____
(If Veteran Deceased)

ADDRESS: _____

For the purpose of obtaining the benefits of the exemption extended to Veterans under the General Laws of Rhode Island 44-3-4 as amended, I, the undersigned, do hereby make application to the town of East Greenwich:

- ❖ City/town where exemption granted previously, (if applicable) _____
- ❖ That I am a legal resident of the Town of East Greenwich
- ❖ That I am not a dishonorably discharged veteran

DATE OF INDUCTION: _____ **DATE OF DISCHARGE:** _____

BRANCH OF SERVICE: _____ **SERVICE #** _____

APPLY EXEMPTION TO ONE OF THE FOLLOWING:

1) **REAL PROPERTY: MAP – PLAT – LOT #** _____
LOCATION ADDRESS _____
ACCOUNT # _____

2) **MOTOR VEHICLE ACCOUNT #** _____

3) **PERSONAL PROPERTY ACCOUNT #** _____

TO BE SUBMITTED WITH APPLICATION:

For Veteran only: DD214 Separation form or Discharge

For Widow of Veteran: Please include copy of death certificate with DD214 or Discharge

For 100% Disabled: Verification from Veteran's Administration of 100% disablement plus DD214 or Discharge

DATE: _____ **SIGNATURE:** _____

NOTARY: _____

My Commission Expires: _____

APPROVED TAX YEAR: _____